

A06000600710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

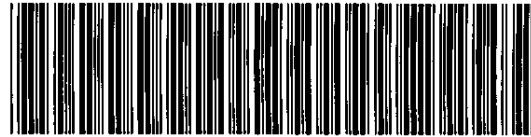
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/31/06--01020--010 **1052.50

FILED

2006 MAY 31 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 MAY 31 AM 11:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sonstate Research

Requester's Name

Address

City/State/Zip

Phone #

6856-5454

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Entel Family LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2006 MAY 31 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

ENTEL FAMILY LLLP

2. (Street address of initial designated office)

521 Mandalay Avenue, #902, Clearwater, FL 33767

3. (Name of Registered Agent for Service of Process)

Robert Entel, MD,

4. (Florida street address for Registered Agent)

521 Mandalay Avenue, #902, Clearwater, FL 33767.

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent

6. (Mailing address of initial designated office)

521 Mandalay Avenue, #902, Clearwater, FL 33767.

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

Robert Entel, MD

521 Mandalay Avenue, #902

Clearwater, FL 33767

Irwin Leonard Entel, MD

1634 Santa Barbara Drive

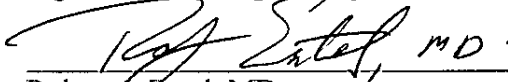
Dunedin, FL 34698

9. Effective date, if other than the date of filing: N/A

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 25 day of May, 2006 .

Signature of each general partner:



Robert Entel, MD



Irwin Leonard Entel, MD

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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