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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
2006 JUN 12 AM 7:41

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MY LASER MED SPA, L.L.L.P.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Edsel F. Matthews, Jr.  
(Contact Person)  
Edsel F. Matthews, Jr., PA  
(Firm/Company)  
308 South Jefferson Street  
(Address)  
Pensacola, Florida 32502  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Edsel F. Matthews, Jr. at ( 850 ) 432-1300  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☒ \$1,052.50 Filing Fees and Certified Copy  
☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

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

1. MY LASER MED SPA, L.L.L.P.

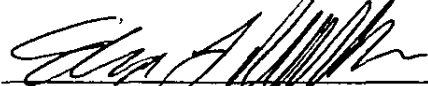
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.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

2. 1765 East Nine Mile Road, Suite 1  
(Street address of initial designated office)  
Pensacola, Florida 32514

3. Edsel F. Matthews, Jr.  
(Name of Registered Agent for Service of Process)

4. 308 South Jefferson Street  
(Florida street address for Registered Agent)  
Pensacola, Florida 32502

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. Same as Above  
(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Jeffrey Kates, D.D.S.,

Managing Partner

1765 East Nine Mile Road, Suite 1

Pensacola, Florida 32514

Louis B. Fowler, M.D.,

Limited Partner

431 East Government Street

Pensacola, Florida 32502

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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 24<sup>th</sup> day of May, 2006

Signature of each general partner:

Jeffrey Kates, Managing Partner

Louis B. Fowler, Limited Partner

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**