

AD6000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

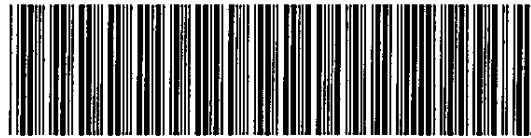
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan OCT 20 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N.S.S. Family LP

(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:

Malvika Shah, M.D.

(Contact Person)

N.S.S. Family LP

(Firm/Company)

1501 Presidential Way - Suite 12

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Malvika Shah, M.D.

(Name of Contact Person)

at (561) 471-9484

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2006

MALVIKA SHAH, M.D.
1501 PRESIDENTIAL WAY
SUITE 12
WEST PALM BEACH, FL 33401

SUBJECT: N.S.S. FAMILY LP
Ref. Number: W06000044599

We have received your document for N.S.S. FAMILY LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 006A00060497

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

1. N.S.S. Family, LLLP

(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. 506 Via Toledo

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Neerav S. Shah, M.D.

(Name of Registered Agent for Service of Process)

4. 506 Via Toledo

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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. 1501 Presidential Way - Suite 12

(Mailing address of initial designated office)

West Palm Beach, FL 33401

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Neerav S. Shah, M.D.

506 Via Toledo

Palm Beach Gardens, FL 33418

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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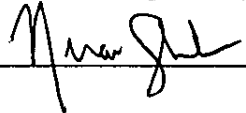
FILED

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 4th day of October, 2006.

Signature of each general 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