# A0600001270

(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		
LP		

Office Use Only



900081451969

11/03/06--01029--018 \*\*1061.25

06 NOV -3 PM 12: 38
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

RY OF STATE SEE, FLORIDA

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

### SUBJECT: Santa Fe Land Limited Liability Limited Partnership

(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:

William N. Handelman, M.D.		
(Contact Person)		
William N. Handelman, M.D., Pro Corp		
(Firm/Company)		
6399 38th Avenue North		
(Address)		
St. Petersburg, FL 33710		
(City, State and Zip Code)		
For further information concerning this matter, please call:  William N. Handelman, M.D. at (7273) 3846411  (Name of Contact Person) (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:		
	\$1,052.50 Filing Fees d Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
ZODI EXECUTIVE CENTER CIRCLE	Tallahaccee El 32314	

CR2E030 (01/06)

Tallahassee, FL 32301

## CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP OF SANTA FE LAND LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of Florida, does execute this Certificate of Limited Partnership this 24<sup>st</sup> day of October, 2006.

#### ARTICLE I NAME

The name of the limited partnership is Santa Fe Land Limited Liability Limited Partnership.

#### ARTICLE II DURATION

The period of duration for this limited partnership is 99 years from the date of filing the Certificate of Limited Partnership with the appropriate state filing office, unless extended and/or sooner dissolved by the members or as provided by state law.

#### ARTICLE III PURPOSE

The purpose for which this limited partnership is organized is to for any lawful purpose that a Limited Liability Limited Partnership may be formed and to otherwise perform any lawful purpose related thereto.

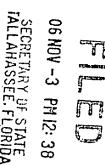
### ARTICLE IV GENERAL PARTNERS

General Partners:

William N. Handelman, M.D., Pro Corporation, a Florida Corporation

## ARTICLE V PRINCIPAL PLACE OF BUSINESS

The principal place of business of the limited partnership is 6399 38th Avenue North, St. Petersburg, FL 33710.



#### ARTICLE VI REGISTERED AGENT & OFFICE

The name of the limited partnership's registered agent, whose Consent to Appointment as Registered Agent is included with these Articles, is William N. Handelman, M.D. and the address of the registered office and principal place of business within the State of Florida is 6399 38th Avenue N, St. Petersburg, FL 33710.

#### ARTICLE VII LIMITED PARTNERS

Limited Partners: Address:

William N. Handelman, M.D. 6399 38th Avenue N.,

St. Petersburg, FL 33710

Myung Joo Handelman 6399 38th Avenue N.,

St. Petersburg, FL 33710

Ezekiel J. Handelman 6399 38th Avenue N.,

St. Petersburg, FL 33710

### ARTICLE VIII ADMISSION OF ADDITIONAL PARTNERS

Additional partners may be admitted to this limited partnership only with and upon such terms as are set forth in the Limited Partnership Agreement.

### ARTICLE IX CONTINUATION

The remaining members of this limited partnership may, by unanimous vote, exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a partner or occurrence of any other event, which terminates the continued membership of a partner in this limited partnership.

### ARTICLE X MANAGEMENT

The business of the limited partnership shall be conducted under the exclusive management of its general partner(s) who shall have exclusive authority to act for the

limited partnership in all matters. Partners cannot enter into a Business Dissolution Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of Florida and the Limited Partnership Agreement.

### ARTICLE XI ORGANIZER

The name and address of the organizers of this Limited Partnership are: William N. Handelman, M.D. and Myung Joo Handelman

**IN WITNESS WHEREOF**, the Organizer has caused this Certificate of Limited Partnership to be executed this 24<sup>th</sup> day of October, 2006.

Signature of Organizers

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, William N. Handelman, M.D., accept appointment as registered agent for and on behalf of Santa Fe Land Limited Liability Limited Partnership, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

Signature of Registered Agent

Subscribed, sworn to, and executed before me this 24<sup>th</sup> day of October, 2006, by William N. Handelman, M.D., Registered Agent of SANTA FE LAND LLLP.

Notary Public

Notary Public State of Florida Randi B Fauer My Commission DD546752 Expires 05/01/2010