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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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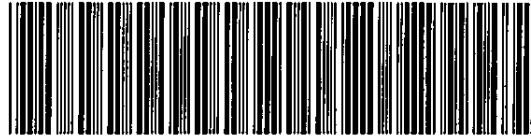
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR 14 PM 1:16

W07-11174
J. BRYAN MAR - 6 2007

J. BRYAN MAR 14 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHL 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:

RANDALL LONE

(Contact Person)

(Firm/Company)

3621 TRAIL DAIRY CIRCLE

(Address)

N. FORT MYERS, FL. 33917

(City, State and Zip Code)

For further information concerning this matter, please call:

RANDALL LONE

(Name of Contact Person)

at (239) 543-8909

(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)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2007

RANDALL LOWE
3621 TRAIL DAIRY CIRCLE
N. FORT MYERS, FL 33917

SUBJECT: RHL LIMITED PARTNERSHIP
Ref. Number: W07000011174

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 MAR 14 PM 1:16

We have received your document for RHL LIMITED PARTNERSHIP 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 807A00015877

one business day
of which the document will be returned to the filer. The filer must
provide a copy of this letter to the filer. The filer must also provide a copy of this letter to the filer.

SUNBIZ 1000

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

1. Ran Hat LO LIMITED PARTNERSHIP

Ran Hat LO LIMITED PARTNERSHIP

(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. 3621 TRAIL DAIRY CIRCLE
(Street address of initial designated office)

N. FORT MYERS, FLORIDA 33917

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

4. 3621 TRAIL DAIRY CIRCLE
(Florida street address for Registered Agent)

N. FORT MYERS, FL. 33917

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.

RTM

Signature of Registered Agent

6. 3621 TRAIL DAIRY CIRCLE
(Mailing address of initial designated office)

NORTH FORT MYERS, FLORIDA 33917

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:

RANDALL H. LOWE

3621 TRAIL DOIRY CIRCLE

N. FORT MYERS, FLORIDA 33917

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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 28TH day of FEBRUARY, 2007

Signature of each general partner:

R. H. Lowe

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75