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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

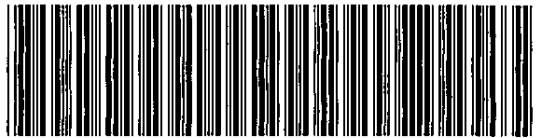
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 30 AM 11:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & N Hospitality; LLLP

(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:

Hasmukh Patel

(Contact Person)

(Firm/Company)

2800 Fellwood Lane

(Address)

Melbourne, FL 32904

(City, State and Zip Code)

For further information concerning this matter, please call:

Hasmukh Patel

at (321) 795 5216

(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

CR2E030 (01/06)

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. H & N Hospitality, 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. 2800 Fellwood Lane

(Street address of initial designated office)

Melbourne, FL 32904

3. Hasmukh Patel

(Name of Registered Agent for Service of Process)

4. 2800 Fellwood Lane

(Florida street address for Registered Agent)

Melbourne, FL 32904

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. 2800 Fellwood Lane

(Mailing address of initial designated office)

Melbourne, FL 32904

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:

Hasmukh Patel and Niruben Patel,
as tenants by the entirety

2800 Fellwood Lane
Melbourne, FL 32904

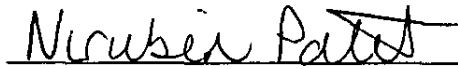
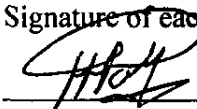
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9. Effective date, if other than the date of filing: _____

(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 24th day of January 2008

Signature of each general partner:



Hasmukh Patel and Niruben Patel, as tenants by the entirety

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75