

A08000000153

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000039551 3)))



H080000395513ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 FEB 14 AM 9:40

FLORIDA/FOREIGN LP/LLLP

Hazelrig Family Partnership, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

G. MCLEOD

FEB 15 2008

EXAMINER

RECEIVED
08 FEB 14 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Hazelrig Family Partnership, 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. 17075 Perdido Key Drive
(Street address of initial designated office)

Pensacola, Florida 32507

3. C T Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

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.*

C T Corporation System

By:

Connie Bryan

Signature of Registered Agent

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

6. 17505 Perdido Key Drive
(Mailing address of initial designated office)

Pensacola, Fl. 32507

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

Page 1 of 2

08 FEB 11 AM 9:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

8. Name and business address of each general partner:

Name:

Business Address:

William Cobb Hazelrig

17505 Perdido Key, Pensacola, Florida 32507

Lynn Snow Hazelrig

409 Club Place, Birmingham, Alabama, 35223

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 13th day of February, 2008

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

Page 2 of 2