

A08000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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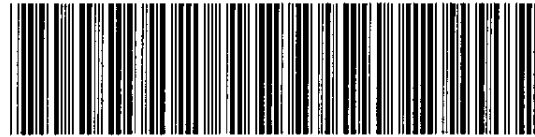
(Business Entity Name)

(Document Number)

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RECEIVED  
08 APR 24 AM 10:59  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 APR 24 PM 1:30  
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TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 540575 4323958

AUTHORIZATION :

COST LIMIT : \$ 1000.00

FILED  
08 APR 24 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 23, 2008

ORDER TIME : 10:03 AM

ORDER NO. : 540575-015

CUSTOMER NO: 4323958

DOMESTIC FILING

NAME: LSHEP ENTERPRISES LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: \_\_\_\_\_

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

FILED  
08 APR 24 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. LSHEP ENTERPRISES LIMITED PARTNERSHIP

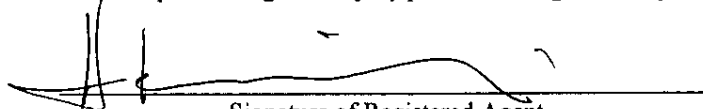
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

2. 5449 Ascott Bend, Boca Raton, Florida 33496  
(Street address of initial designated office)

3. Henry Kurlansk  
(Name of Registered Agent for Service of Process)

4. 5449 Ascott Bend, Boca Raton, Florida 33496  
(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.*

  
Signature of Registered Agent

6. 5449 Ascott Bend, Boca Raton, Florida 33496  
(Mailing address of initial designated office)

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:

LSHEP VENTURES GP, INC.

5449 Ascott Bend

Boca Raton, FL 33496

P08000041371

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 27 day of March, 2008.

Signature of each general partner:

LSHEP VENTURES GP, INC.

By: [Signature]  
Henry Kurlansik President

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**