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(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:

A. LUNT

MAY 29 2008

EXAMINER

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05/27/08--01034--015 **1008.75

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2008 MAY 28 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Philip & Louise Wang Family 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:

Philip Wang

(Contact Person)

Philip & Louise Wang Family Ltd. Partnership

(Firm/Company)

250 Kiwailae Street 18 F

(Address)

Honolulu, HI 96825

(City, State and Zip Code)

2009 MAY 28 A 10:50
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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Philip Wang

(Name of Contact Person)

at (808) 395-0675

(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)

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

1. Philip & Louise Wong Family 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. 250 Kawaihae ST 18E

(Street address of initial designated office)

Honolulu HI 96825

3. NRAI Services Inc

(Name of Registered Agent for Service of Process)

4. 2731 Executive Park Drive #4

(Florida street address for Registered Agent)

Weston, FL 33331

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

NRAI Services, Inc.

By: Amy Purdy 5/23/08

Signature of Registered Agent

Amy Purdy, Assistant Secretary

6. 250 Kawaihae St. 18E

(Mailing address of initial designated office)

Honolulu, HI 96825

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:

Philip Wang

250 Kawaihoo St 18 F

Honolulu HI 96825

Louise Wang

250 Kawaihoo St 18 F

Honolulu HI 96825

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TALLAHASSEE, FLORIDA

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 Aug day of 19, 2008

Signature of each general partner:

Philip Wang

Louise Wang

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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