

A09000000305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

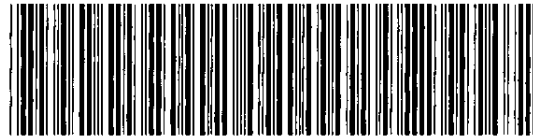
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/09--01021--010 **2757.50

RECEIVED
09 MAY -8 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAY -8 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service, Inc.

1010 San Luis Road
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-575-2723
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY <u>Bahram Ahmadi, M.D. Family</u> <u>LLC.</u>	FOR OFFICE USE ONLY FILED MAY -8 PM 3:25 TALLAHASSEE, FLORIDA
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PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of

APOSTILLE/CERTIFICATION REQUEST:

Country

Amount of Documents

DATE 5/8/09 TIME 12:30

Notes:

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

FILED
09 MAY -8 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. BAHRAM AHMADI, M.D. 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. 4233 Sun N Lake Boulevard

(Street address of initial designated office)

Sebring, FL 33872

3. Jeffrey M. Lasman

(Name of Registered Agent for Service of Process)

4. 6152 Delancey Station Street, Suite 205

(Florida street address for Registered Agent)

Riverview, FL 33578

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. 4233 Sun N Lake Boulevard

(Mailing address of initial designated office)

Sebring, FL 33872

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:

Bahram Ahmadi, M.D. Family Management, LLC 4233 Sun N Lake Blvd.

Sebring, FL 33872

209000644987

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 6th day of February, 2009

Signature of each general partner:

Bahram Ahmadi, M.D. Family Management, LLC

By: 

Bahram Ahmadi, M.D., MGRM

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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