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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)

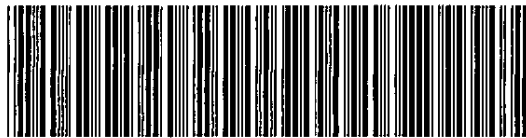
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 18 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Early Riser, Ltd.  
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:

Marge Sindelar

Contact Person

Deeb Construction & Development Co.

Firm/Company

9400 River Crossing Boulevard, Suite 102

Address

New Port Richey, FL 34655

City, State and Zip Code

ard@hrpc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marge Sindelar

Name of Contact Person

at ( 727 ) 376-6831 Ext. 102

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

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

1. Early Riser, Ltd.

(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. 9400 River Crossing Boulevard, Suite 102  
(Street address of initial designated office)

New Port Richey, FL 34655

3. Alex R. Deeb  
(Name of Registered Agent for Service of Process)

4. 9400 River Crossing Boulevard, Suite 102  
(Florida street address for Registered Agent)

New Port Richey, FL 34655

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. 9400 River Crossing Boulevard, Suite 102  
(Mailing address of initial designated office)

New Port Richey, FL 34655

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:

Early Riser, Inc.

9400 River Crossing Boulevard, Suite 102

New Port Richey, FL 34655

PO9-57915

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TALLAHASSEE, FLORIDA

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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 16<sup>th</sup> day of June, 2009

Signature of each general partner:

Early Riser, Inc.

*Alex R. Deeb*

Alex R. Deeb, 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