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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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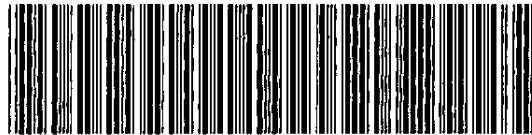
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGIREKULA FAMILY LIMITED LIABILITY 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:

JOHN H. EDEN IV, ESQ.

Contact Person

JOHN H. EDEN IV, P.A.

Firm/Company

151 E. HIGHLAND BLVD., STE. 171

Address

INVERNESS, FL 34452

City, State and Zip Code

✓ vinavy@gmail.com

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

For further information concerning this matter, please call:

JOHN H. EDEN IV, ESQ.

Name of Contact Person

at (352) 726-1224

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

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

1. ANGIREKULA FAMILY, 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. 1677 N. DIMAGGIO PATH, HERNANDO, FL 34442
(Street address of initial designated office)

3. JOHN H. EDEN IV, ESQ.
(Name of Registered Agent for Service of Process)

4. 151 E. HIGHLAND BLVD., STE. 171, INVERNESS, FL 34452
(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. 1677 N. DIMAGGIO PATH, HERNANDO, FL 34442
(Mailing address of initial designated office)

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:

OUR ANGELS, LLC

1677 N. DIMAGGIO PATH

HERNANDO, FL 3442

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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 27th day of July, 2009.

Signature of each general partner: Our Angels, LLC

Amali Angirekula, MGRM

Gagabhi M. Angirekula 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