

AUG-18-2009 11:11

P.01

A09000000598

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000184093 3)))



H090001840933ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

FILED
09 AUG 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

Mistry Holdings, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

D. BRUCE

AUG 19 2009

EXAMINER

RECEIVED
09 AUG 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. MISTRY HOLDINGS, 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. 17229 Emerald Chase Drive
(Street address of initial designated office)

Tampa, Florida 33647

3. Bruce H. Gordon
(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Ste. 2800
(Florida street address for Registered Agent)

Tampa, Florida 33602

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.

BH Gordon
Signature of Registered Agent

6. Same as above
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

FILED
09 AUG 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

PD9000067849

Trident Universal, Inc.

17229 Emerald Chase Drive

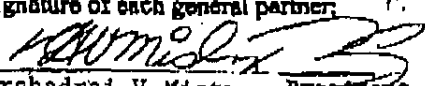
Tampa, Florida 33647

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 18TH day of AUGUST, 2009

Signature of each general partner:


Harshadrai V. Mistry, President
Trident Universal, Inc.
General Partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 18 AM 10:54

FILED