

A090W0VU827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

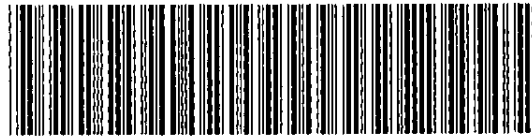
(Document Number)

Certified Copies _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC - 1 AM 8:48

CURIA PLLP

B. KOHR

DEC - 3 2009

EXAMINER

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

File 2nd

<p>NAME OF ENTITY</p> <p><u>Jiba Family Limited Partnership</u></p>	<p>FOR OFFICE USE ONLY</p> <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 DEC - 1 AM 8:48</p>
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PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICE MARK/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 12/1/09 TIME 3:00

Notes: File 2nd

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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -1 AM 8:48

1. JIBA 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. 12802 Miramar Place
(Street address of initial designated office)

Tampa, FL 33625

3. Jeffrey M. Lasman
(Name of Registered Agent for Service of Process)

4. 6152 Delancey Station St., 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. 12802 Miramar Place
(Mailing address of initial designated office)

Tampa, FL 33625

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:

JIBA Family Management, LLC

12802 Miramar Place

Tampa, FL 33625

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 30th day of November, 2009

Signature of each general partner:

JIBA FAMILY MANAGEMENT, LLC

By 

Arvind S. Patel, MGR

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75