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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10 JAN 29 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. ~~2010~~ FEB 1 - 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANHANDLE PORTFOLIOS HIGH INCOME FUND, LLLP
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:

MICHAEL PAGANO

Contact Person

PANHANDLE PORTFOLIOS, INC.

Firm/Company

143 HOMESTEAD ST.

Address

NICEVILLE, FL 32578

City, State and Zip Code

maquentw@gmail.com

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

For further information concerning this matter, please call:

MICHAEL PAGANO at (850) 897-4268

Name of Contact Person

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**

10 JAN 29 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. PANHANDLE PORTFOLIOS HIGH INCOME FUND, 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. 143 HOMESTEAD ST.
(Street address of initial designated office)

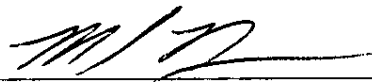
NICEVILLE, FL 32578

3. MICHAEL PAGANO
(Name of Registered Agent for Service of Process)

4. 13,000 ST. HWY 20 W
(Florida street address for Registered Agent)

FREEDONS, FL 32439

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. 143 HOMESTEAD ST.
(Mailing address of initial designated office)

NICEVILLE, FL 32578

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:

PANHANDLE PORTFOLIOS, INC.

143 HOMESTEAD ST

POB- 70780

NICEVILLE, FL 32578

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 26th day of January, 2010

Signature of each general partner:

Panhandle Portfolios, Inc

MJD, President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA