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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

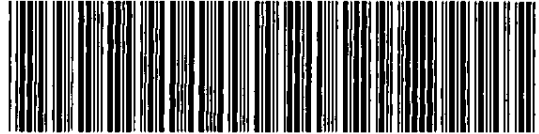
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 FEB - 1 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

6.7.2010 FEB 03 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL-YAQUT COMPANY, 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:

GREGORY A. FOX

Contact Person

FOX & FOX, P.A.

Firm/Company

2535 LANDMARK DRIVE, SUITE 102

Address

CLEARWATER, FL 33761

City, State and Zip Code

FOXANDFOXPA@HOTMAIL.COM

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

For further information concerning this matter, please call:

GREGORY A. FOX

Name of Contact Person

at (727) 796-4556

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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 1 PM 2:44

1. AL-YAQUT COMPANY, 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. 284 ALLEN'S RIDGE DRIVE E
(Street address of initial designated office)

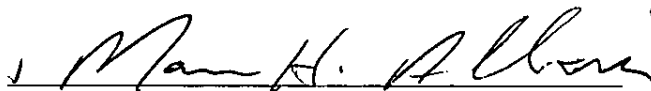
PALM HARBOR, FL 34683

3. MOUNIR H. ABBASI
(Name of Registered Agent for Service of Process)

4. 284 ALLEN'S RIDGE DRIVE E
(Florida street address for Registered Agent)

PALM HARBOR, FL 34683

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. 284 ALLEN'S RIDGE DRIVE E
(Mailing address of initial designated office)

PALM HARBOR, FL 34683

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:

MOUNIR H. ABBASI

284 ALLEN'S RIDGE DRIVE E

PALM HARBOR, FL 34683

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 29TH day of JANUARY, 2010.

Signature of each general partner:

Mounir H. Abbasi

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75