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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

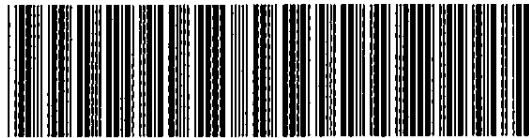
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 AM 9:46

CONAFLLP

B. KOHR

FEB 15 2010

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](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| NAME OF ENTITY | <div>10 FEB 10 AM 9:46<br/>DIVISION OF CORPORATIONS<br/>SECRETARY OF STATE</div><br>FOR OFFICE USE ONLY |
|                |                                                                                                         |
|                |                                                                                                         |
|                |                                                                                                         |

## 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 \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 AM 9:46

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

1. HARMON 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. 18121 Patterson Road  
(Street address of initial designated office)

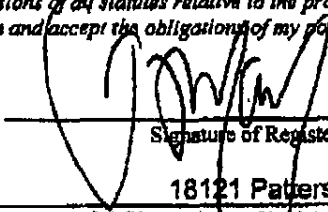
Odessa, FL 33556

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. 18121 Patterson Road  
(Mailing address of initial designated office)

Odessa, FL 33556

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:

Harmon Family Management LLC

18121 Patterson Road

Odessa, FL 33556

L10000015015

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 1st day of February, 2010.

Signature of each general partner:

Harmon Family Management, LLC

Thomas B. Harmon, MGRM

Diane S. Harmon, 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