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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

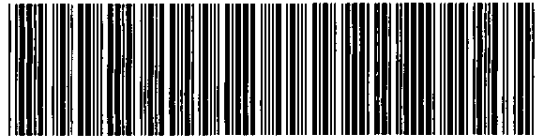
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2010 FEB 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

FEB 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETIAIM Construction, 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:

Douglas Wells
Contact Person
ETIAIM Construction, LLLP
Firm/Company
5300 Lee Boulevard
Address
Lehigh Acres, Florida 33971
City, State and Zip Code
enorton@aimengr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Wells at (239) 322-2423
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

FILED

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

2010 FEB 24 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. ETIAM Construction, 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. 5300 Lee Boulevard
(Street address of initial designated office)

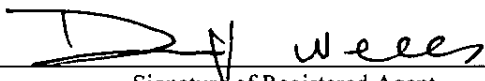
Lehigh Acres, Florida 33971

3. Douglas Wells
(Name of Registered Agent for Service of Process)

4. 5300 Lee Boulevard
(Florida street address for Registered Agent)

Lehigh Acres, Florida 33971

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. 5300 Lee Boulevard
(Mailing address of initial designated office)

Lehigh Acres, Florida 33971

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

FILED

8. Name and business address of each general partner:

Name:

Business Address:

2010 FEB 24 AM 11:05

David Jones

2221 McGregor Blvd.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fort Myers, FL 33901-3311

Douglas Wells

5300 Lee Boulevard

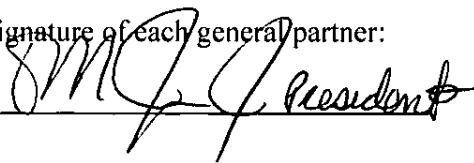
Lehigh Acres, Florida 33971

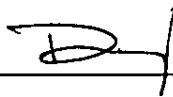
9. Effective date, if other than the date of filing: _____.

(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 9th day of February, 2010.

Signature of each general partner:

 President

 Wells E.N.P.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75