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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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10 MAR 16 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. HAWKES**  
MAR 17 2010  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOZA INVESTMENTS - RELOX MEDICAL, L.P.  
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:

Thomas A. Amendola

Contact Person

Doza Investments, LLC

Firm/Company

1415 Panther Lane, Suite 310

Address

Naples, FL 34109

City, State and Zip Code

kdola\_7@hotmail.com

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

For further information concerning this matter, please call:

Thomas A. Amendola

Name of Contact Person

at ( 239 ) 593-6114

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**

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TALLAHASSEE, FLORIDA

1. DOZA INVESTMENTS - RELOX MEDICAL LP

(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. 1415 Panther Lane, Suite 310  
(Street address of initial designated office)

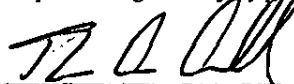
Naples, FL 34109

3. Thomas A. Amendola  
(Name of Registered Agent for Service of Process)

4. 1415 Panther Lane, Suite 310  
(Florida street address for Registered Agent)

Naples, FL 34109

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. 1415 Panther Lane, Suite 310  
(Mailing address of initial designated office)

Naples, FL 34109

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:

THOMAS A. AMENDOLA

1415 PANTHER LANE, SUITE 310

NAPLES, FL 34109

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 15 day of MARCH, 2010.

Signature of each general partner:

Thomas A. Amendola

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**