

A10VVVVU0285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

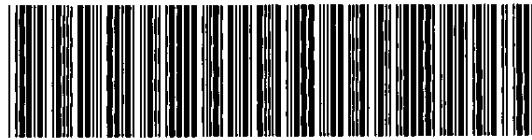
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 17 AM 8:47

CORIA FLIP

B. KOHR

MAY 19 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
Website: www.advancedincorporating.com

<p>NAME OF ENTITY</p> <p><i>Hardeman Family</i> <i>Limited Partnership</i></p>	<p>FOR OFFICE USE ONLY</p> <p>FILED CLERK OF SUPERIOR COURT OF FLORIDA 10 MAY 17 AM 8:47</p>
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PICK ONE:

CERTIFIED COPY PHOTOCOPY

*File
2nd*

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/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 5/18/10 TIME 8:30

Notes: _____

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

DIVISION OF CORPORATIONS
10 MAY 17 AM 8:47

1. HARDEMAN 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 L.L.L.P.

2. 3505 N. Gallagher Road
(Street address of initial designated office)

Dover, FL 33527

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. 6152 Delancey Station St., Suite 205
(Mailing address of initial designated office)

Riverview, FL 33578

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:

Hardeman Family Management, LLC

3505 N. Gallagher Rd.

Dover, FL 33527

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 10th day of May, 2010.

Signature of each general partner:

HARDEMAN FAMILY MANAGEMENT, LLC

By: 

Jeffrey W. Hardeman

By: 

Stephanie P. Hardeman

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75