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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

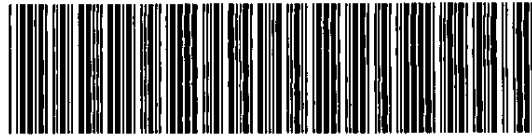
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORAPLLP

B. KOHR

JUN 10 2010

EXAMINER

10 JUN - 8 AM 8:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

	Advanced Incorporating Service, Inc.
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Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY	

FOR OFFICE USE ONLY

RECEIVED
DIVISION OF CORPORATIONS
10 JUN - 8 AM 8:50

PICK ONE:

____ CERTIFIED COPY ____ PHOTOCOPY

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 _____ **TIME** _____

Notes: _____

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

1. Y. MENDEZ 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. 3110 COCOS ROAD

(Street address of initial designated office)

TAMPA, FL 33618

3. JEFFREY M. LASMAN

(Name of Registered Agent for Service of Process)

4. 6152 DELANCEY STATION ST.

(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. 3110 COCOS ROAD

(Mailing address of initial designated office)

TAMPA, FL 33618

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -8 AM 8:30

8. Name and business address of each general partner:

Name:

Business Address:

Mendez Family Management LLC

3110 Cocos Road

Tampa, FL 33618

L1000000 60168

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 27th day of May, 2010

Signature of each general partner:

Mendez Family Management, LLC

By:

Yolanda A. Mendez
Yolanda A. Mendez

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75