

A10000000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. CLINE

AUG 23 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 20 AM 11:13

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2010

MALEK HANANO  
5694 WINDHOVER DRIVE  
ORLANDO, FL 32819

SUBJECT: THE HANANO FAMILY LIMITED PARTNERSHIP  
Ref. Number: W10000035326

We have received your document for THE HANANO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

The document must be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 610A000182

2010 AUG 20 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Hanano Family Limited Partnership  
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:

Malek Hanano, M.D.  
Contact Person

Firm/Company

5694 Windhover Drive  
Address

Orlando, FL 32819  
City, State and Zip Code

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

For further information concerning this matter, please call:

Malek Hanano, M.D. at ( 407 ) 351-2066  
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

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2010 AUG 20 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



THE LAW OFFICES OF  
**PATRICIA A. JOHNSTON**  
LEGAL PLANNING GROUP

August 17, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Tammi Cline  
Regulatory Specialist

RE: Letter Number 610A00018217

Dear Ms. Cline,

Enclosed please find the corrected form as requested in the above numbered correspondence.

If there is any problem you may contact this office directly.

Thank you in advance.

Sincerely,

Patricia A. Johnston, Esq.

Enclosure

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2010 AUG 20 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The Hanano Family 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. 5694 Windhover Drive  
(Street address of initial designated office)

Orlando, FL 32819

3. Malek Hanano, M.D.  
(Name of Registered Agent for Service of Process)

4. 5694 Windhover Drive  
(Florida street address for Registered Agent)

Orlando, FL 32819

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. 5694 Windhover Drive  
(Mailing address of initial designated office)

Orlando, FL 32819

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

2010 AUG 20 AM 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Malek Hanano

5694 Windhover Drive

Orlando, FL 32819

Patricia Hanano

5694 Windhover Drive

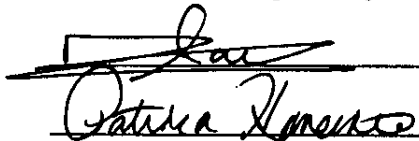
Orlando, FL 32819

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 17th day of August, 2010.

Signature of each general partner:

  
Patricia Hanano

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**