

A10 000000570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

W10-34181

Special Instructions to Filing Officer:

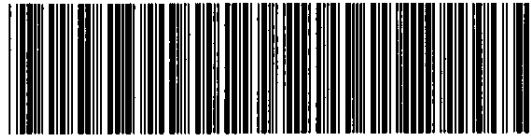
MB Family
Limited
Partnership

Office Use Only

conflict

LD6-78185

MB Family LLC



400164087554

07/22/10--01002--007 **1052.50

A10-570

FILED
10 SEP 27 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 27 2010

EXAMINER

3450 Buschwood Park Dr., Suite 112
Tampa, Florida 33618-4517

Sharon Scarinci, FRP &
Office Manager
Patsy L. Aaron
George E. Fahrenkopf
Fred Sustman
Deborah Wilson
Administrative Assistants

Harkins & Associates

Attorneys & Personal Trustees
813.933.7144 ♦ Fax 813.933.6393

Harold L. Harkins, Jr.
Adria Beenhakker Dickey
Attorneys at Law

P.O. Box 274121
Tampa, Florida 33688-4121

Alder Allensworth
Certified Financial Planner &
Administrative Assistant
Julia Rodriguez
Paralegal

12 July 2010

~~April 28, 2009~~

Limited Partnership Office
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: MB Family Limited Partnership

Dear Sir or Madam:

I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. Also enclosed is a check for the following fees:

Filing fee	\$ 965.00
Certified copy of certificate of limited partnership	52.50
Registered agent fee	<u>35.00</u>
Total	\$1,052.50

Please file this Certificate of Limited Partnership and forward a certified copy to me. Thanks.

Sincerely,



cc: MFLPGP, Inc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2010

HAROLD L. HARKINS, JR., ESQUIRE
HARKINS & ASSOCIATES
P.O. BOX 274121
TAMPA, FL 33688-4121

SUBJECT: MB FAMILY LIMITED PARTNERSHIP
Ref. Number: W10000034181

We have received your document for MB FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 310A00017654

2803 W. Busch Blvd., Suite 112
Tampa, Florida 33618-4517

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Office Manager
Alder Allensworth
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P.O. Box 274121
Tampa, Florida 33688-4121

Bill Rogers
George E. Fahrenkopf
Patsy L. Aaron
Administrative Assistants

August 6, 2010

Limited Partnership Office
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Ballard Family Limited Partnership - new submission
MB Family Limited Partnership - #W10000034181 - rejected

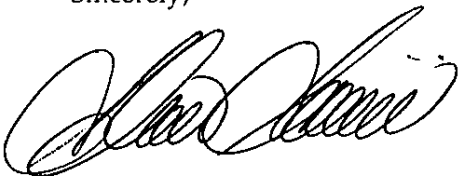
Dear Sir or Madam:

I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. We previously provided a check for the following fees:

Filing fee	\$ 965.00
Certified copy of certificate of limited partnership	52.50
Registered agent fee	<u>35.00</u>
Total	\$ 1,052.50

Please file this Certificate of Limited Partnership and forward a certified copy to me. Thanks.

Sincerely,



cc: MFLPGP, Inc

**Certificate of
Limited Partnership Of**

Ballard Family Limited Partnership

I, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

1. The name of the limited partnership is:

Ballard Family Limited Partnership

Office
Address

2. The limited partnership's office and mailing address is:

3906 Americana Dr.
Tampa, FL 33634

Registered
Agent
& Address

3. The name and address of the registered agent for service of process is:

Mark S. Ballard
3906 Americana Dr.
Tampa, FL 33634

General Partner

- The name and business address of the General Partner is:

MBFLPGP, Inc.
3906 Americana Dr.
Tampa, FL 33634

PI0-68388

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this ~~July 12~~, 2010.

August 6

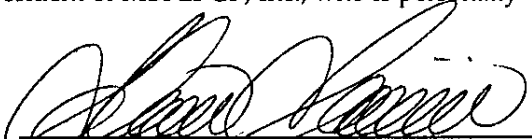


MBFLPGP, Inc., General Partner
Mark S. Ballard, President

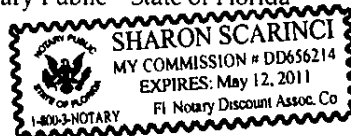
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Acknowledgement

The foregoing Certificate of Limited Partnership was acknowledged before me this August 6, 2010, by Mark S. Ballard, President of MBFLPGP, Inc., who is personally known to me.



Sharon Scarinci
Notary Public - State of Florida



Registered Agent

Acceptance

I hereby accept 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 position as registered agent.



Mark S. Ballard, Registered Agent

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10 SEP 27 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA