

A10000000811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

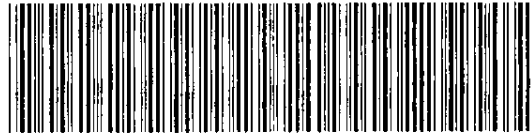
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/10--01010--023 **1061.25

RECEIVED

10 DEC 13 AM 11:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC 13 PM 1:34

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

DEC 13 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hiram's Estate Family

Limited Liability Limited Partnership

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- ☐ Art of Inc. File _____
- ☒ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: SETH

12/13/10 AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hiram's Estate Family

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- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hiram's Estate Family Limited Liability 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:

Philip O. Allen

Contact Person

Peterson & Myers, P.A.

Firm/Company

Post Office Box 24628

Address

Lakeland, Florida 33802-4628

City, State and Zip Code

pallen@petersonmyers.com

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

For further information concerning this matter, please call:

Philip O. Allen

at (863) 683-6511

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

CR2E030 (01/06)

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DIVISION OF CORPORATIONS
10 DEC 13 PM 1:34

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 1:34

1. Hiram's Estate Family Limited Liability 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. 609 Pink Apartment Road

(Street address of initial designated office)

Davenport, Florida 33836

3. Philip O. Allen

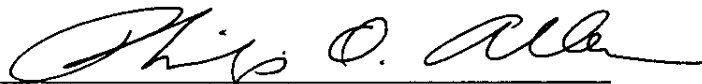
(Name of Registered Agent for Service of Process)

4. 225 E. Lemon Street, Suite 300

(Florida street address for Registered Agent)

Lakeland, Florida 33801

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. Post Office Box 24628

(Mailing address of initial designated office)

Lakeland, Florida 33802-4628

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

Page 1 of 2

Yes, the limited partnership elects to be a limited liability limited partnership.

8. Name and business address of each general partner:

Name:

Business Address:

Hiram Vernon Moore

609 Pink Apartment Road

Davenport, Florida 33836

Dorothy Maxine Moore

609 Pink Apartment Road

Davenport, Florida 33836

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 10 day of December, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hiram V Moore
Hiram Vernon Moore

Dorothy M. Moore
Dorothy Maxine Moore

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75