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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARI
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: telycolle@aol.com

FLORIDA/FOREIGN LP/LLLP

Telyco, Ltd.

Certificate of Status	0
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Corporate Filing Menu

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G. MCLEOD

JAN - 5 2011

EXAMINER

1011-301

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

1. Telyco, Ltd.

*(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.P.*

2. 3837 Northdale Blvd., Suite 143

(Street address of initial designated office)

Tampa, FL 33624

3. Theresa L. Crosby

(Name of Registered Agent for Service of Process)

4. 3837 Northdale Blvd., Suite 143

(Florida street address for Registered Agent)

Tampa, FL 33624

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. 3837 Northdale Blvd., Suite 143

(Mailing address of initial designated office)

Tampa, FL 33624

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Telyco Management, LLC3837 Northdale Blvd., Suite 143Tampa, FL 33624

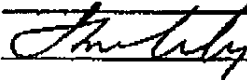
9. Effective date, if other than the date of filing: _____

*(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 28th 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.

TELYCO MANAGEMENT, LLC

By: _____

Theresa L. Crosby

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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