

11000000630

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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11 AUG 23 AM 10:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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VALIDATION ONLY

8-27-11

The Crenshaw law Firm

Requestor's Name

1109 S. Congress Ave # D

Address

West palm Beach, FL 33406

City

State

ZIP

Phone

(561) 439-6100

CORPORATION(S) NAME

T-R Family Partnership, LLP



Empire Toll Free: 1-800-432-3028

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T - R Family Partnership, LLP - Limited Liability 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:

Phillip T. Crenshaw

Contact Person

Phillip T. Crenshaw, P.A.

Firm/Company

1109 S. Congress Avenue, Suite D

Address

West Palm Beach, Florida 33406

City, State and Zip Code

crenlaw@aol.com

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

For further information concerning this matter, please call:

Phillip T. Crenshaw

Name of Contact Person

at (561) 439-6100

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" 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 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 23 PM 1:29

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 23 PM 1:29

1. T - R Family Partnership, 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. 1109 S. Congress Avenue, Suite D

(Street address of initial designated office)

West Palm Beach, Florida 33406

3. Phillip T. Crenshaw

(Name of Registered Agent for Service of Process)

4. 1109 S. Congress Avenue, Suite D

(Florida street address for Registered Agent)

West Palm Beach, Florida 33406

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. 1109 S. Congress Avenue, Suite D

(Mailing address of initial designated office)

West Palm Beach, Florida 33406

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



8. Name and business address of each general partner:

Name:

Business Address:

FHLC Company, LLC

1109 S. Congress Avenue, Ste. D

West Palm Beach, FL 33406

L11 000058580

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 _____ day of August, 2011.

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.

FHLC Company, LLC,
a Florida limited liability
company

1
By: Roy J. Foster, Jr.
Roy J. Foster, Jr., President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75