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(Red	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
MORSIM	801146	

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

IZ AUG 15 PH 2: 26 ECRETARY OF STATE

D. BRUCE
AUG 1 6 2012
EXAMINER



August 6, 2012

ROBERT MENGE 1102 NE 105 STREET MIAMI SHORES, FL 33138

SUBJECT: HIDDEN MOUNTAIN MENGE LLLP

Ref. Number: W12000041108

We have received your document for HIDDEN MOUNTAIN MENGE LLLP 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 effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00020391

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HIDDEN MO	OUNTAIN MENCOE d Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Par	tnership and fees are submitted for filing.
Please return all correspondence concer	rning this matter to:
Contact Person HIDDEN MOUNTA Firm/Company 1102 NE 105 S Address MAMI SHORES, FA City, State and Zip Code BESHOREMARLIN CYAHOD E-mail address: (to be used for future annument of for further information concerning this Name of Contact Person Enclosed is a check for the following and state of the contact person Enclosed is a check for the following and state of the contact person	TREE SECRETARY OF SHALL AHASSEE FLED at (305) 778 983 FLED Area Code and Daytime Telephone Number RIDE
\$1,000.00 Filing Fees \$1,008.75 Filing and Certificate of Status \$2,000.00 Filing Fees and \$35 Registered Agent Fee)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E030'(01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR 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.P. or LLLP.	
2. 1102 NE 105 STREFS, MINNI SHORES, FL 33/38 (Street address of initial designated office)	>
3. ROBKET MENGE (Name of Registered Agent for Service of Process)	
	12
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act on the agree to act on this capacity. I further agree to act on this capacity. I further agree to act on this capacity. I further agree to act on this capacity and a further agree to act on the agree to act on	APPROVED AND FILED
Signature of Registered Agent 6. 1102 NE 105 STREET MIAMI SHORES, K 33/3 (Mailing address of initial designated office)	8

Filing Fees:

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

Certified Copy (optional):

Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2

APPROVED AND FILED