

A1200000525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 SEP -4 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -5 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATED ENERGY RESOURCES GROUP, LTD
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:

HILDA STEPHENS

Contact Person

INTEGRATED ENERGY RESOURCES GROUP, LTD

Firm/Company

5824 MARINER STREET

Address

TAMPA, FLORIDA 33609

City, State and Zip Code

hildstephens@aol.com

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

For further information concerning this matter, please call:

HILDA STEPHENS

Name of Contact Person

at (813) 286-1975

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$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)

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

FILED
12 SEP -4 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. INTEGRATED ENERGY RESOURCES GROUP, 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 LLLP.

2. 5824 MARINER STREET

(Street address of initial designated office)

TAMPA, FLORIDA 33609

3. HILDA STEPHENS

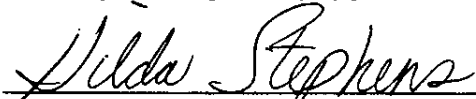
(Name of Registered Agent for Service of Process)

4. 5824 MARINER STREET

(Florida street address for Registered Agent)

TAMPA, FLORIDA 33609

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. 5824 MARINER STREET

(Mailing address of initial designated office)

TAMPA, FLORIDA 33609

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:

HILDA STEPHENS

5824 MARINER STREET

TAMPA, FLORIDA 33609

LARRY STEPHENS

5824 MARINER STRET

TAMPA, FLORIDA 33609

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 1st day of September, 2012.

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.

Hilda Stephens
Larry Stephens

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA