

A12000000605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

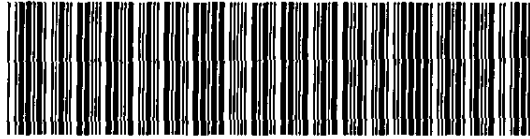
Special Instructions to Filing Officer:

A. LUNT

OCT 11 2012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TELEPHONE (386) 252-6408

FAX (386) 255-9068

lwborns@bellsouth.net

LAWRENCE W. BORNES, P.A.  
*Attorney at Law*

412 NORTH HALIFAX AVENUE, DAYTONA BEACH, FLORIDA 32118

October 2, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Philopatyr Family LLLP

Dear Sir/Madam:

Enclosed please find original and copy of Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Limited Partnership for filing with reference to the above.

I also enclose my check number 17267 in the amount of \$1,061.25 with represents the filing fees, certified copy and certificate of status fee.

Thank you for your assistance and cooperation in this matter.

Yours very truly,

  
Lawrence W. Bornes

LWB/mm

Enclosures: per above

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHILOPATYR FAMILY LLLP  
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:

LAWRENCE W. BORNS, ESQ.  
Contact Person  
LAWRENCE W. BORNS, P.A.  
Firm/Company  
412 N. HALIFAX AVENUE  
Address  
DAYTONA BEACH, FL 32118  
City, State and Zip Code  
lwborns@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE W. BORNS, ESQ. at ( 386 ) 252-6408  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☒ \$1,061.25 Filing Fees,  
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status Status Certificate of Status  
Fee)

**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)

2012 OCT -4 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

FILED  
2012 OCT -4 PM 3:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

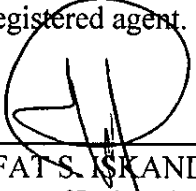
1. The name of the Limited Partnership or Limited Liability Limited Partnership

**PHILOPATYR FAMILY LLLP**

2. The name and street address for the initial designated office and Registered Agent for Service of Process is:

**RAFAT S. ISKANDER**  
**1199 N. Halifax Avenue**  
**Daytona Beach, FL 32118**

3. 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.

  
\_\_\_\_\_  
**RAFAT S. ISKANDER**  
(Signature of Registered Agent)  
**1199 N. Halifax Avenue**  
**Daytona Beach, FL 32118**  
(Mailing address of initial designated office)

4. This limited partnership elects to be a limited liability limited partnership.
5. The name and business address of each general partner is:

Name:

Business Address:

**RAFAT S. ISKANDER**

**1199 N. Halifax Avenue**  
**Daytona Beach, FL 32118**

**ENAS G. ISKANDER**

**1199 N. Halifax Avenue**  
**Daytona Beach, FL 32118**

6. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date of the document is filed by the Florida Department of State.)

Signed this 28th day of September, 2012.

Signature of each general partner: We submit this document and affirm that the facts stated herein are true. We 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.

  
\_\_\_\_\_  
RAFAT S. ISKANDER

  
\_\_\_\_\_  
ENAS G. ISKANDER

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TALLAHASSEE, FLORIDA