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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 : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Hankins Family Limited Partnership, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

B. KOHR

DEC 17 2012

EXAMINER

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December 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

SUBJECT: HANKINS FAMILY LIMITED PARTNERSHIP, LLLP
REF: W12000062063

FILED
12 DEC 14 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L04000036666 "THE HANKINS FAMILY, LLC".

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

FAX Aud. #: H12000293539
P.O. BOX 6327 - Tallahassee, Florida 32314



Regulatory Specialist II

Letter Number: 912A00029656
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
12 DEC 14 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
12 DEC 14 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Hankins Family Limited Partnership I, 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. 14512 North Nebraska Avenue

(Street address of initial designated office)

Tampa, FL 33613

3. Terri Hankins Casteel

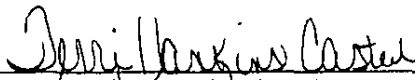
(Name of Registered Agent for Service of Process)

4. 14512 North Nebraska Avenue

(Florida street address for Registered Agent)

Tampa, FL 33613

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. 14512 North Nebraska Avenue

(Mailing address of initial designated office)

Tampa, FL 33613

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:

Terri Hankins Casteel

14512 North Nebraska Avenue

Tampa, FL 33613

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 14th day of December, 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.

Terri Hankins Casteel

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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