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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 OCT 30 AM 9:46  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 31 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUMRAILIL VAPORS

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:

RYAN T. RANDALL

Contact Person

PNR INVESTMENTS, INC.

Firm/Company

5470 EAST BUSCH BLVD. #173

Address

TAMPA, FL 33617

City, State and Zip Code

randall\_r@hotmail.com

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

For further information concerning this matter, please call:

RYAN T. RANDALL

Name of Contact Person

at ( 813 ) 917-5672

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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

2013 OCT 30 AM 9:46  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

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

1. SUMRAILIL VAPORS, LP

(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. 8908 NORTH 56th STREET

(Street address of initial designated office)

TAMPA, FL 33617

3. CHARLES M. HOLLOMAN II, P.A.

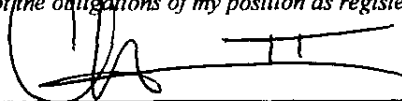
(Name of Registered Agent for Service of Process)

4. 2208 EAST 3RD AVENUE

(Florida street address for Registered Agent)

TAMPA, FL 33605

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. 8908 NORTH 56th STREET

(Mailing address of initial designated office)

TAMPA, FL 33617

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:

MAZIN HASAN

5001 EAST FOWLER AVENUE

TAMPA, FL 33617

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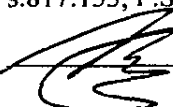
2013 OCT 30 AM 9:46  
FILED

9. Effective date, if other than the date of filing: SAME AS 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 28 day of October, 2013.

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.

  
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**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**