

A14 000000329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

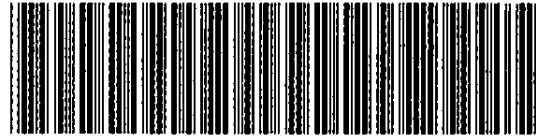
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FULTON COUNTY, GEORGIA

received
4/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHD FAMILY LIMITED PARTNERSHIP

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:

PAUL LABINER

Contact Person

LAW OFFICE OF PAUL LABINER

Firm/Company

5499 NO FEDERAL HWY

Address

BOCA RATON, FLORIDA 33487

City, State and Zip Code

PAUL@PLABINERESQ.COM

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

For further information concerning this matter, please call:

PAUL LABINER

Name of Contact Person

at (561) 998-2362

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

1. RHD FAMILY 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.L.P.
or LLLP.

2. 450 S.W. 17th Street

(Street address of initial designated office)

BOCA RATON, FLORIDA 33432

3. PAUL LABINER

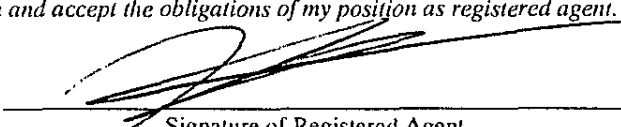
(Name of Registered Agent for Service of Process)

4. 5499 NO FEDERAL HWY

(Florida street address for Registered Agent)

BOCA RATON, FLORIDA 33487

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. 450 S.W. 17th Street

(Mailing address of initial designated office)

BOCA RATON, FLORIDA 33431

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

14 JUN 18 AM 9:11
TALLAH. CO. FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

JOHN DAVIMOS

450 S.W. 17th Street

BOCA RATON, FLORIDA 33432

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 2ND day of APRIL, 2014

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.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75