

12/31/2020

Division of Corporations

A2100000000018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

Per attached rejection letter, please amend file date to 12/30/2020.

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
HELEN EXUM PARTNERS, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2021 JAN -4 PM 5:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2021 JAN -7 PM 3:23

UNABLE TO HONOR 12/30/2020. Filing was NOT Generated until 12/31/2020 after 4PM, Office was CLOSED, WE Will Honor 1/4/2021 KS

Electronic Filing Menu Corporate Filing Menu Help

K. SALLY
JAN 5 2021

FILED
2021 JAN -4 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. HELEN EXUM PARTNERS, 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. 804 MARIDON COURT

(Street address of initial designated office)

VANDALIA OH 45377

3. C T Corporation System

(Name of Registered Agent for Service of Process)

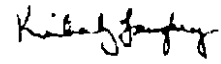
4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.

By: C T Corporation System
By Kimberly Laughrey, Asst. Secretary
Signature of Registered Agent



6. (Mailing address of initial designated office)

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:

Ellen Exum Raoul

804 MARION COURT

VANDALIA OH 45377

RECORDS SECTION
TALLAHASSEE FLORIDA

2021 JAN -11 PM 5:00

FILED


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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 1st day of DECEMBER, 2020

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