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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT TO AMTI:

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Tallahassee, FL 32301

# SUBJECT: Shyam Family Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Jeffrey M. Lasman, Esq.		
(Contact Person)		
Lasman Law Firm, P.A.	•	
(Firm/Company)		
6152 Delancey Station Street	, Suite 205	
(Address)		
Riverview, FL 33569	P.S.	
(City, State and Zip Code)		
For further information concerning this man	ter, please call:	
Jeffrey M. Lasman	at ( 813 ) 681-7725 ලිනු	
(Name of Contact Person)	(Area Code and Daytime Telephone Number	
Enclosed is a check for the following amou	nt:	
✓ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2006

JEFFREY M LASMAN 6152 DELANCEY STATION STREET STE 205 RIVERVIEW, FL 33569

SUBJECT: SHYAM FAMÍLY LIMITED PARTNERSHIP

Ref. Number: W06000034110

We have received your document for SHYAM FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

see attached Cert. dated 8/29/2006.

Marsha Thomas Document Specialist

Letter Number: 206A00048485

Division of Corporations - P.O. BOX 6327 Tallahassee Florida 32314

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

Shyam Family Limited Partnership				
(Name of Limited Partners Acceptable Limited Partners Acceptable Limited Liability or LLLP.	hip suffixes: Limited	Partnership, Limited		
	ne under which the lir ster to transact busine	ss in Florida; must co	ontain acceptable suffix.	partnership .)
<sub>2.</sub> Colorado	·····	<sub>3.</sub> May 6,		
(State or Country o	f Formation)	(Date	e of Formation)	
4. Jeffrey M. Las	sman			
	(Name of Registered	Agent for Service of	Process)	<del></del>
5. 6152 Delance	y Station St	reet, Suite	205	950 SE
	(Florida street add	ress for Registered A	(gent)	A 왕 왕
Riverview, FL 3	3569			<u> </u>
6. I hereby accept the appa comply with the provisions of and I am familiar with an ac -27242 Hollybro	of all statutes relative accept the obligations of Signature of Signat	to the proper and co. of my position as regi	mplete performance of n	
	•	al office address)		
Wesley Chapel,	Florida 3354	3		
		/		
8. If limited partnership	o is a limited liabi	lity limited partne	ership, check box 🗌	

Page 1 of 3

<sub>9.</sub> 27242 Hollybrook Trail			
	(Mailing address)		
Wesley Chapel, Florida 335	543		
10. Name, principal office address, a	and mailing address of each general partner:		
Shyam, LLC	27242 Hollybrook Trail		
())	Wesley Chapel, FL 33543		
15 B7(12)	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)	06 OCT 1	-T-1.
(Name)	(Street Address)	06 0CT 10 AMII: 26	
	(Mailing Address)	6	
(Name)	(Street Address)		
	(Mailing Address)		

Page 2 of 3

(Name)	(Street Address)
(Name)	(Sirect / Iduless)
	(Mailing Address)
(Name)	(Street Address)
•	(Mailing Address)
	SECRETA
11. Effective date, if other than the date of fili	ng:
(Effective date cannot be prior to nor i filed by the Florida Department of Sta	more than 90 days after the date this document
to the delivery of this application to th	ce duly authenticated, not more than 90 days prior e Florida Department of State, by the Secretary of of the entity's records in the jurisdiction under the
Signed this 13th day of	July
Signature of a general partner:	21
Certified Copy (optional): \$	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 3 of 3



# STATE OF COLORADO

#### DEPARTMENT OF STATE

## **CERTIFICATE**

I, GINETTE DENNIS, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS OFFICE

SHYAM FAMILY LIMITED PARTNERSHIP (COLORADO LIMITED PARTNERSHIP)

FILED A CERTIFICATE OF LIMITED PARTNERSHIP ON MAY 06, 2005.

Dated: August 29, 2006

Sinette Dennis

SECRETARY OF STATE