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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 : RICHARD G. COKER, JR., P.A.  
Account Number : I20010000145  
Phone : (954) 761-3636  
Fax Number : (954) 761-1818

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## FLORIDA/FOREIGN LP/LLLP

TP Holdings, LP

Certificate of Status	0
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Help

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. TP Holdings, 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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. PA

(State or Country of Formation)

3. 11/2005

(Date of Formation)

4. Rod A. Feiner

(Name of Registered Agent for Service of Process)

5. 1404 South Andrews Avenue, Fort Lauderdale, FL 33316

(Florida street address for Registered Agent)

6. 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.

Rod A. Feiner  
Signature of Registered Agent

7. 1107 Key Plaza, #326

(Principal office address)

Key West, FL 33040

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1107 Key Plaza, #326

(Mailing address)

Key West, FL 33040

10. Name, principal office address, and mailing address of each general partner:

Jason Jean

(Name)

1107 Key Plaza, #326

(Street Address)

Key West, FL 330401107 Key Plaza, #326

(Mailing Address)

Key West, FL 33040

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 29TH day of March, 2008

Signature of a general partner:

Jason Jean

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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