B130000006

(Re	equestor'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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SEGRETARY OF STATE
ALLAHASSEE, FLORID

T. CLINE

JAN - 7 ZO13

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2012

ELONA RADCHIN 501 LAKESIDE DR SOUTH HAMPTON, PA 18966

SUBJECT: ENFI ENTERPRISES LP

Ref. Number: W12000062437

We have received your document for ENFI ENTERPRISES LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 212A000298

2013 JAN -4 PM 3: 5

COVER LETTER

TO: Registration Section
Division of Corporations En Corporations En Corporations En Corporations On the Corporation of Corporations
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:
Elona Radchin
Enfi Chteronses LP Firm/Company
501 Lakeside Dr
Southampton, PA 18966 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Sona Rachin at (25) 364-1616 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$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 and Certificate of Status \$1,061.25 Filing Fee, 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

APPLICATION BY FORWAN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Enti Enterprises	<u> 1</u> P
	ility Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	
	ership or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.
2. State of Del aucure State or Country of Formation	3. 8/22/2011 75 B
4. Federal Employer Identification Number: 45	-2982146
5. Name of Registered Agent for Service of Process and Sophia Woskalen	ko Es
199 Goldon Beach	Dr Significant
Golden Beach, FL 33	3160
	d agree to act in this capacity. I further agree to comply with the provisions rmance of my dyles, and I am familiar with and accept the obligations of
_	ure of Registered Agent
7. Principal Office:	8. Mailing Address:
199 Golden Beach Dr	199 Golden Beach Dr
Golden Beach, FL 33160	Golden Beach, FL 33160
9. If limited partnership is a limited liability limited pa	ertnership, check box.
10. Name, principal office address, and mailing addres	s of each general partner;
Name of General Partner: En & Corpor	cution Name of General Partner:
Street Address: 1108 W. 13th Street	Street Address:
Wilmington, DE 1	9801
Mailing Address: 501 Lakeside De	Mailing Address:
Southampton, PA	18966
Name of General Partner:	Name of General Partner: h / G
Street Address:	Street Address:
•	

Mailing Address: _____ Mailing Address: _____

Name of General	Partner: k (a. Pag	e 1 of 2 Name of General Partner: N/Q		
Street Address:		Street Address:		
Mailing 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.)				
	of State, by the Secretary of State or other offic	re than 90 days prior to the delivery of this application to the ial having custody of the entity's records in the jurisdiction under		
Signed this	3 day of December	<u>,20 12</u>		
	J. Ma	shi i		
Signature of a general partner				
		rein are true and the individual is aware that false information ird degree felony as provided for in s.817.155, F.S.		
Ce	ing Fees: \$1,0 rtified Copy (optional): \$52 rtificate of Status (optional): \$8.7	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 50		

Page 2 of 2



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENFI ENTERPRISES LP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2012.

5028263 8300

121272146

AUTHENTICATION: 0051276

DATE: 12-10-12

You may verify this certificate online at corp.delaware.gov/authver.shtml