

B14000000126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

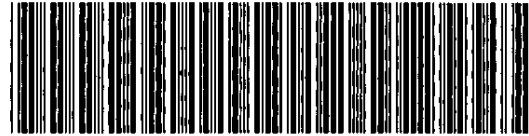
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN -9 PM 3:51

JUN 09 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HABANA PROPERTIES LP**

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:

NICK HARDCASTLE

Contact Person

BUCKLEY & ASSOCIATES PC

Firm/Company

101 N SHORELINE BLVD STE 500

Address

CORPUS CHRISTI, TX 78401

City, State and Zip Code

nhardcastle@ba-cpa.com

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

For further information concerning this matter, please call:

NICK HARDCASTLE

at (**361**) **883-1871**

Name of Contact Person

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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

NICK HARDCASTLE
BUCKLEY & ASSOCIATES PC
101 N SHORELINE BLVD STE 500
CORPUS CHRISTI, TX 78401

SUBJECT: HABANA PROPERTIES, LP
Ref. Number: W14000031861

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

We are enclosing the proper form(s) with instructions for your convenience.

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 814A00010930

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

1. HABANA PROPERTIES, 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.

South Cleveland Habana properties, LP

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. TEXAS

State or Country of Formation

3. 05/04/2005

Date of Formation

4. Federal Employer Identification Number: 20-2806478

5. Name of Registered Agent for Service of Process and Florida Street Address:

ROBERT TOMAS

13896 BALD CYPRESS CIR

FT MYERS, FL 33907

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.



Signature of Registered Agent

7. Principal Office:

13300-56 S CLEVELAND AVE #318

FT MYERS, FL 33907

8. Mailing Address:

13300-56 S CLEVELAND AVE #318

FT MYERS, FL 33907

9. If limited partnership is a limited liability limited partnership, check box.

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

Name of General Partner: U-CONNECT MEDICAL LLC

114000003890

Name of General Partner:

Street Address: 13896 BALD CYPRESS CIR

Street Address:

FT MYERS, FL 33907

Mailing Address: 13896 BALD CYPRESS CIR

Mailing Address:

FT MYERS, FL 33907

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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Name of General Partner: _____ Name of General Partner: _____

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.)

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 5 day of May, 2014.


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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DIVISION OF CORPORATIONS
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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Nandita Berry
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for HABANA PROPERTIES, LP (file number 800488462), a Domestic Limited Partnership (LP), was filed in this office on May 04, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 02, 2014.



NANDITA BERRY

Nandita Berry
Secretary of State