

131500 0000141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

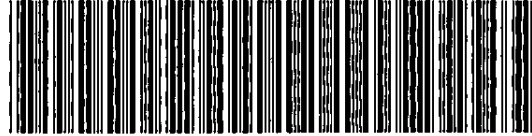
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900271956369

04/22/15--01017--001 \*\*1061.25

FILED  
15 MAY 27 AM 9:55  
TALLAHASSEE, FLORIDA

MAY 28 2015

J SHIVERS

2145



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2015

EDWARD BECKELHYMER III  
PO BOX 451130  
LAREDO, TX 78045-0027

SUBJECT: ASA GROUP LTD  
Ref. Number: W15000030237

We have received your document for ASA GROUP LTD and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00008756

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASA GROUP LTD

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:

EDWARD A BECKELHYMER III

Contact Person

ASA GROUP LTD

Firm/Company

PO BOX 451130

Address

LAREDO, TX 78045-0027

City, State and Zip Code

eab@hkgdutyfree.com

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

For further information concerning this matter, please call:

EDWARD A BECKELHYMER III at ( 956 ) 728-5180

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

☒ \$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 FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. ASA GROUP LTD

(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.

ASA GROUP LAREDO LTD

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. JULY 17, 2000

Date of Formation

4. Federal Employer Identification Number: 74-2964583

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

HEYDAR KHALEDI

1 E BROWARD BLVD STE 1605

FORT LAUDERDALE, FL 33301-1806

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:

14610 ARCHER DR

LAREDO, TX 78045

8. Mailing Address:

PO BOX 451130

LAREDO, TX 78045-0027

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: KHALEDI TRADING GROUP LLC

Name of General Partner: \_\_\_\_\_

Street Address: 14610 ARCHER DR

Street Address: \_\_\_\_\_

LAREDO, TX 78045

Mailing Address: PO BOX 451130

Mailing Address: \_\_\_\_\_

LAREDO, TX 78045-0027

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED  
15 MAY 27 AM 9:55  
CLERK OF DISTRICT COURT  
TARRANT COUNTY TEXAS

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 25 day of MAY, 2015.




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.

<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>

**FILED**  
15 MAY 27 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



Carlos H. Cascos  
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 ASA GROUP LTD (file number 13741110), a Domestic Limited Partnership (LP), was filed in this office on July 17, 2000.

*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 April 20, 2015.



*Carlos H. Cascos*

Carlos H. Cascos  
Secretary of State

FILED  
15 MAY 27 AM 9:55  
SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE  
AUSTIN, TEXAS