

B16000000139

(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:

Wrong paperwork  
LP W11643297  
no initials full names  
878.75 owed

Office Use Only



600286550786

06/14/16--01010--007 \*\*130.00

06/29/16--01002--008 \*\*878.75

2016 JUN 13 AM 11:27  
TALLAHASSEE, FLORIDA

FILED  
2016 JUN 28 P 2:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

S Warren

JUN 29 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2016

A. SHAH  
P.O. BOX 341791  
TAMPA, FL 33694

SUBJECT: ARS OF HILLSBOROUGH LIMITED PARTNERSHIP  
Ref. Number: W16000043297

We have received your document for ARS OF HILLSBOROUGH LIMITED PARTNERSHIP and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY - LLC, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

You must type the complete/legal name of the individual(s) signing the document in each signature block.

There is a balance due of \$878.75.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 116A00012579

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARS of Hillsborough 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:

A. Shah

Contact Person

P O Box 341791

Firm/Company

Address

Tampa, FL 33694

City, State and Zip Code

ars.tenants@gmail.com

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

For further information concerning this matter, please call:

A. Shah

at (

813 ) 434-3911

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. ARS of Hillsborough limited Partnership  
(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.

ARS of Hillsborough LLC

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. Nevada  
State or Country of Formation

3. Jan 16, 2003  
Date of Formation

4. Federal Employer Identification Number: 59-3763852

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

Paul SHAH

5015 Chatham Road Lane  
Tampa, FL 33624

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TAMPA, FLORIDA

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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.

Paul A. Shah  
Signature of Registered Agent

7. Principal Office:

P. Shah  
5015 Chatham Lane  
Tampa, FL 33624

8. Mailing Address:

ARS of Hillsborough LP  
P O Box 341791  
Tampa, FL 33694

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: A. Shah

Street Address: P O Box 341791  
Tampa, FL 33694

Mailing Address: AS Above

Name of General Partner: P. Shah

Street Address: P. O. Box 341791  
Tampa, FL 33694

Mailing Address: AS Above

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

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

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

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

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

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

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 27<sup>th</sup> day of Jun, 20 16.

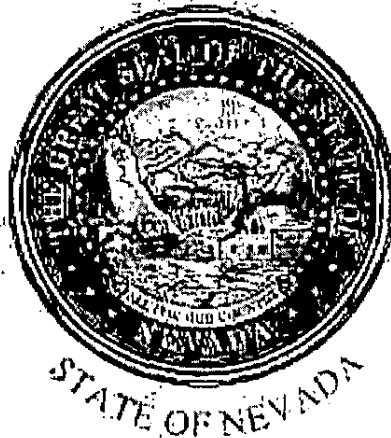
  
\_\_\_\_\_  
Signature of a general partner

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

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TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ARS OF HILLSBOROUGH LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 16, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20160315-2037  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>