B17000000003

(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: 13/17 TOKE W BINI-E Paki for Ckrify Tames by			
Faxed 12-5-16 4016-77422			

Office Use Only



900292291029

11/15/16--01029--021 **125.00

900292291029 12/19/16--01006--020 ***875,00

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S WarrenJAN 03 2017





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2016

HITESH PATEL 2021 TROWBRIDGE DR NEWTOWN, PA 18940

SUBJECT: HBP PALM BEACH FAMILY LP

Ref. Number: W16000077422

We have received your document for HBP PALM BEACH FAMILY LP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

YOUR CHECK WAS RECEIVED, HOWEVER THE CERTIFICATE OF GOOD STANDING FROM NEVADA IS NOT DATED WITHIN 90 DAYS, PLEASE ORDER NEW CERTIFICATE

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: 916A00027253



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2016

HITESH PATEL 2021 TROWBRIDGE DR NEWTOWN, PA 18940

SUBJECT: HBP PALM BEACH FAMILY LP

Ref. Number: W16000077422

We have received your document for HBP PALM BEACH FAMILY LP and your check(s) totaling \$125.00. 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.

There is a balance due of \$875.00.

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.

Letter Number: 116A00026067

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corpo		, ,	
SUBJECT: Name	of Foreign Limited Partne	AM MCGCH ership or Limited Liability	FGM/JC/ Limited Partnership
The enclosed application, opartnership to transact busing Please return all correspondences.	iness in Florida.	-	a foreign limited partnership or limited liability limited
Hiteh	Patel		
HOPP	Contact Person Palm Lewy Fai	milyCl	
2021	Firm/Company Thubnoge	Dre.	
n/enton	Address 1891	FO	
hKPan	y, State and Zip Code C 9 0 9 ed for future annual report	mail-(on	
For further information con	·	,	
17892 Pg	fel	_{at (} 267) 99	4-0216
Name of Contact	Person	Area Code and Dayti	me 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 Cir Tallahassee, FL 32301	rcle	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

HBP Palm ACGL +	amily
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	nited Partnership, which must include suffix) nited, L.P., LP. or Ltd.
business in Florida; must 2	limited liability limited partnership proposes to register to transact contain acceptable suffix. 3. Khyy (O, W)
State or Country of Formation 4. Federal Employer Identification Number	Date of Formation
5. Name of Registered Agent for Service of Process and Florida	Street Address:
Realinda PERL	•
6424 Wavs Road	
West Palm Beach A, 26 3	3406
	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of
Republish	
	egistered Agent
7. Principal Office: 8. N	1ailing Address:
WEST alm Beach 37406	D 2: 58 STATE TLORIDA
9. If limited partnership is a limited liability limited partnersh	ip, check box .
10. Name, principal office address, and mailing address of each Hi-KSh Pale	h general partner: Name of General Partner: Binks Safe!
Street Address: 2021 NWhidge Bre Newtown par 8940	_ Street Address:
Mailing Address:	
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

	e 1 of 2 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 day.	ate this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not mor Florida Department of State, by the Secretary of State or other office the law of which it is organized. Signed this	ial having custody of the entity's records in the jurisdiction under
Signature of The individual signing this document affirm that the facts stated her	a general partner rein are true and the individual is aware that false information
Filing Fees: \$1,00 Certified Copy (optional): \$52 Certificate of Status (optional): \$8.75	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Page	FILED THE TEC 30 P 2: 58 THE TARY OF STATE THASSEE, FLORIDA

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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, H.B.P. PALM BEACH FAMILY 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 February 5, 2007, and is in good standing in this state.

OF THE OWNER OWNER OF THE OWNER OWNER

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 2, 2017.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20170102-0247
You may verify this electronic certificate
online at http://www.nvsos.gov/