(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
	Office Use Or	



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COVER LETTER

Tallahassee, FL 32301

PO: Registration Section Division of Corporations	
SUBJECT: Reliability Solutions Training L	.P
	ed Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning	s and fees are submitted to register a foreign limited partnership or limited liability limite this matter to:
Chris Dickson	
Contact Person	
Reliability Solutions Training LP	
Firm/Company	
7801 Jones Road	
Address	
Walnut Hill FL 32568	
City, State and Zip Co	ode
gabbydortch@reliabilitysolutions.net	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter	er, please call:
Chris Dickson	at (647 526-9407
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	t:
S1,000.00 Filing Fees S1,008.75 Filing Fee and S35 Registered Agent Fee)	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



February 6, 2018

CHRIS DICKSON 7801 JONES ROAD WALNUT HILL, FL 32568

SUBJECT: RELIABILITY SOLUTIONS TRAINING FL LP

Ref. Number: W18000007944

We have received your document for RELIABILITY SOLUTIONS TRAINING FL 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):

You failed to make the correction(s) requested in our previous letter.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 018A00002512

RECEIVED



January 25, 2018

SUBJECT: CHRISTOPHER DICKSON RECEIVED Ref. Number: W18000007944 CHRIS DICKSON

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

The name of your limited partnership must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., Ltd., or LP.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00001705

CORRECTIONS ON ATTACHER

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

			-
(Name of Limited Partnership or Limited Liai Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes.			
	S TRAINING BEATTER LP	or many.	
If name unavailable, name under which the limited parts		proposes to r	egister to transact
2 Deleware	3. 1a/6 - 2017		
State or Country of Formation	Date of Formation		_
4. Federal Employer Identification Number: $\frac{82-374826}{1}$	67		
5. Name of Registered Agent for Service of Process and			
Gabriella H Dortch			
7801 Jones Road			
Walnut Hill FL 32568			
of all statutes relative to the proper and complete performy position as registered agent.	iture of Registered Agent	ma accept in	e obligations of
Signa	itale of Registered Agent		
7. Principal Office:	8. Mailing Address:		
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7. Principal Office:	8. Mailing Address:	3	-
7. Principal Office:	8. Mailing Address:	3	-
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7. Principal Office: 7801 Jones Road Walnut Hill FL 32568 9. If limited partnership is a limited liability limited position. Name, principal office address, and mailing address.	8. Mailing Address: 7801 Jones Road Walnut Hill FL 32568 partnership, check box.		66.5
7. Principal Office: 7801 Jones Road Walnut Hill FL 32568 9. If limited partnership is a limited liability limited position. Name, principal office address, and mailing address.	8. Mailing Address: 7801 Jones Road Walnut Hill FL 32568	3 	
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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: $1/1 - 2018$ (Effective date cannot be prior to nor more than 90 days after the da Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	te this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.	
Signed this day of	general partner
The individual signing this document affirms that the facts stated her submitted in a document to the Department of State constitutes a thir	

Page 2 of 2

\$52.50 \$8.75

Filing Fees:

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RELIABILITY SOLUTIONS TRAINING 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIABILITY SOLUTIONS TRAINING LP" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 201986162

Date: 01-17-18

6649606 8300 SR# 20180315315