# B23000000074

(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:				
Carbon 3				

Office Use Only



700392774657

08/29/22--01035--016 \*\*1061.25

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MAR - 8 2023 M. SOLOMON

#### COVER LETTER

COVER LETTER			
TO: Registration Section Division of Corporations  SUBJECT: SUPER SUFER SUFER Limited Partnership or Limited Partnership			
The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited partnership to transact business in Florida.  Please return all correspondence concerning this matter to:	liability	y limited	
Laupen A. Humphkey Contact Person			
SUPERIOR FIRE SIFETY, LP Firm/Company	٤.,	2	
130 untage circle	13	023 HAR	,,
Henderson Met 37075 City, State and Zip Code	JASA 0 ABY	8	ſ
E-mail address: (to be used for future annual report notification)		4H 9: 04	į.
For further information concerning this matter, please call:    Lower A. Homp Ney   at (15) 34-2380     Name of Contact Person   Area Code and Daytime Telephone Number	'	£	
Enclosed is a check for the following amount:			
\$\times \text{1,000,00 Filing Fee} \text{Certificate of Status} \text{Status} St			
Mailing Address: Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1 SIVOLOR FILE SOFTULLY	
(Name of Limited Partnership or Limited Liability Limi	
Acceptable Limited Partnership suffixes: Limited Partnership, Limited Acceptable Limited Liability Limited Partnership suffixes: Limited I	
DBA SUPPLIOR FIRE SOFTY	, P
If name unavailable, name under which the limited partnership of li	
business in Florida; must c	contain acceptable suffix.
2. Tenestec	3. 01 01 2 <b>0</b> 20
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 87-70	SYTU E S
5. Name of Registered Agent for Service of Process and Florida 5	
Denise cook	ig → II
328 Tate Palm Ln	
Freebort, FL 32439	
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent.  Signature of Registered.	f my duties, and I am familiar with and accept the obligations of
7. Principal Office: 8. Ma	ailing Address:
120 untade cilede ?	28 Date Palm Ln
Mandaloox, Alla	10001010 51 201-29
HYDERSUNVIILE, IN P	1000 - 1 5 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
37015	
9. If limited partnership is a limited liability limited partnership	o, check box.
10. Name, principal office address, and mailing address of each	general partner:
Name of General Partner: Timothy Tlumphrey	Name of General Partner: Lawen Humphrey
Street Address: 120 Mntage circle	Street Address: BOVINTAGECIECLE
Hendersonville, TN 370	· · · · · · · · · · · · · · · · · · ·
	Mailing Address: 130 MM Tage aprile
Maining Address. 150 VIII (Cape of the	Naming Address. 1 Oloch
THY WAY SOUTH IN STUTE	> HELLER ADVITE IN SIDE
Name of General Partner: 1	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

## Page 1 of 2

Name of General Partner:	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.  Note: If the date inserted in this block does not meet the document's effective date on the Department of State's in	after the date this document is filed by the Florida L applicable statutory filing requirements, this date wi	Department of State.) Il not be listed as the		
	rother official having custody of the entity's records  20  20  gnature of a general partner	in the jurisdiction under		
The individual signing this document affirms that the facult and it is a document to the Department of State contains the state of the State	cts stated herein are true and the individual is aware t stitutes a third degree felony as provided for in s.817.	hat false information .155, F.S.		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registere \$52.50 \$8.75  Page 2 of 2	MARTARY OF STATE		



### Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

LAUREN HUMPHREY

February 28, 2023

**TENNESSEE** 130 VINTAGE CIRCLE HENDERSONVILLE, TN 37075

Request Type: Certificate of Existence/Authorization

0518434

Issuance Date: 02/28/2023

Copies Requested:

**Document Receipt** 

Receipt #: 007849498

Payment-Credit Card - State Payment Center - CC #: 3846058338

Filing Fee: \$20.00

\$20.00

Regarding:

SUPERIOR FIRE SAFETY, LP

Filing Type:

Request #:

Limited Partnership - Domestic

Formation/Qualification Date: 12/23/2019

Status:

Active

**Duration Term:** 

Perpetual

Business County: SUMNER COUNTY

Control #:

1068558

Date Formed:

01/01/2020

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### SUPERIOR FIRE SAFETY, LP

- \* is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 059153023



September 1, 2022

LAUREN A. HUMPHREY SUPERIOR FIRE SAFETY, LP 130 VINTAGE CIRCLE HENDERSONVILLE, TN 37075

SUBJECT: SUPERIOR FIRE SAFETY, LP

Ref. Number: W22000111971

We have received your document for SUPERIOR FIRE SAFETY, LP and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Rec'd 23

Letter Number: 322A00019501