



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000106533	ARICK FAMILY LIMITED PARTNERSHIP	Certificate of Fact / Other

Total Fee: \$32.00

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: IVY NEAL

Business Name: RAYMOND JAMES BANK

No. and Street: 710 CARILLON PARKWAY

City or Town: SAINT PETERSBURG

State: FL

Zip: 33716

Country: US

Contact Phone: 7275675741 ext:

Contact Email: IVY.NEAL@RAYMONDJAMES.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.