

A06000000297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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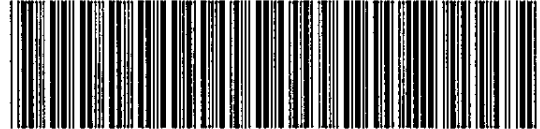
(Business Entity Name)

(Document Number)

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2006 FEB 23 AM 9:51

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Red-Palmetto Associates Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2/23/06

☒ Certified Copy

☐ Mail Out

☐ Will wait

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NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Red-Palmetto Associates, Ltd.

(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.P.,
or LLLP.

2. 703 Waterford Way, Suite 800, Miami, Florida 33126-4677
(Street address of initial designated office)

3. Victor L. Stosik
(Name of Registered Agent for Service of Process)

4. 703 Waterford Way, Suite 800, Miami, Florida 33126-4677
(Florida street address for Registered Agent)

5. *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.*

Victor L. Stosik

Signature of Registered Agent

6. 703 Waterford Way, Suite 800, Miami, Florida 33126-4677
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Newcaster Devcorp, Inc.

703 Waterford Way, Suite 800

Miami, Florida 33126-4677

P96000634735

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 21 day of February, 2006.

Signature of each general partner:



Elias Vassilaros, Executive Vice-President of
Newcaster Devcorp, Inc.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75