

A09000000566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

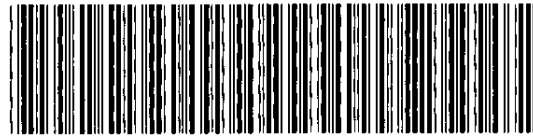
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/09--01008--007 **1061.25

RECEIVED
09 AUG 11 AM 10:24
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 AUG 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
AUG 11 2009
EXAMINER

Sonotate Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

FILED
09 AUG 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Ad Infinitum Investments, LP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

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

Examiner's Initials

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

FILED
09 AUG 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Ad Infinitum Investments, LP

(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.L.P.
or LLLP.

2. 700 Coral Way, #3
(Street address of initial designated office)

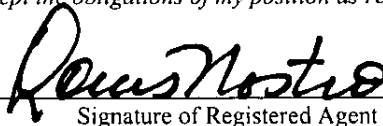
Coral Gables, Florida 33134

3. Louis Nostro
(Name of Registered Agent for Service of Process)

4. Shutts & Bowen LLP, 201 S. Biscayne Blvd., Suite 1600
(Florida street address for Registered Agent)

Miami, Florida 33131

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.*


Signature of Registered Agent

6. 700 Coral Way, #3
(Mailing address of initial designated office)

Coral Gables, Florida 33134

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

8. Name and business address of each general partner:

Name:

Business Address:

Ad Infinitum Investments

700 Coral Way, #3

Management Company, LLC

Coral Gables, Florida 33134

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 4 day of August, 2009.

Signature of each general partner:

Erik Schmollinger

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75