

A12 0000000307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

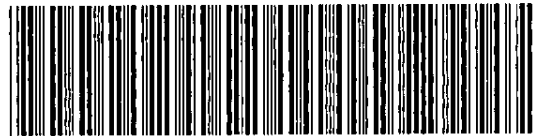
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
MAY 29 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2012

DAVID DRESLIN  
7985 113TH STREET, SUITE 220  
SEMINOLE, FL 33772

SUBJECT: CDNVIH INVESTORS, LLLP  
Ref. Number: W12000027176

We have received your document for CDNVIH INVESTORS, LLLP 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 registered agent must sign accepting the designation.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 312A00014478

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CDNVIH INVESTORS, LLLP.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID G. DRESLIN

Contact Person

DRESLIN FINANCIAL SERVICES, INC.

Firm/Company

7985 113TH STREET, SUITE 220

Address

SEMINOLE, FLORIDA 33772

City, State and Zip Code

DRESLINFINANCIAL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID G. DRESLIN at ( 727 ) 393-7439

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy and<br>Certificate of Status |
|---|--|---|---|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

1. CDNVIH INVESTORS, LLLP.

(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. 10 AVE SAURIOL

(Street address of initial designated office)

LAVAL, QUEBEC CANADA H7N 3A2

3. DAVID G. DRESLIN

(Name of Registered Agent for Service of Process)

4. 7985 113TH STREET, SUITE 220

(Florida street address for Registered Agent)

SEMINOLE, FLORIDA 33772

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. 10 AVE SAURIOL

(Mailing address of initial designated office)

LAVAL, QUEBEC CANADA H7N 3A2

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

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FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Quoc Bao Do

10 Ave Sauriol

Laval, Quebec CANADA H7N 3A2

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 3 day of MAY, 2012

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Q. Bao Do  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

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TALLAHASSEE, FLORIDA

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