

A00000001170

Requestor's Name

33920 U.S. Highway 19 North, Ste 150

Address

Palm Harbor, FL 34684

City/State/Zip

Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 200003306732-1
-06/27/00--01073--011
2. _____ (Corporation Name) _____ (Document #) *****97.50 *****97.50
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in☐ Pick up time _____☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of StatusFILED
00 JUL 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other


AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A00-1170
C. TAX _____
FILING 88.75
R. AGENT FEE _____
C. COPY 8.75
TOL _____
N. BANK _____
SA. DUE _____
REFUND _____TC
\$1,000.00

CERTIFICATE OF LIMITED PARTNERSHIP

1. Safe Harbor Offshore Capital Management Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 33920 U.S. Highway 19 North, Suite 150, Palm Harbor, Florida 34684
(Business address of Limited Partnership)
3. Dean G. Tanella
(Name of Registered Agent for Service of Process)
4. 33920 U.S. Highway 19 North, Suite 150, Palm Harbor, Florida 34684
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 33920 U.S. Highway 19 North, Suite 150, Palm Harbor, Florida 34684
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2099

8. Name(s) of general partner(s):

Safe Harbor Capital Management, LLC

L99000001435

Street address:

33920 U.S. Highway 19 North, Suite 150
Palm Harbor, Florida 34684

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21st day of June, 2000

Signature of all general partners:

General Partner

General Partner

General Partner

Safe Harbor Capital Management, LLC

By: 
General Partner Dean G. Tanella, Manager

General Partner

General Partner

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00 JUL 21 PM 5:00

SECRETARY OF STATE
TAMM-STATE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Safe Harbor Offshore
Capital Management Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000

Signed this 21st day of June, 2000

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.

Safe Harbor Capital Management, LLC

By:

Dean G. Tanella
General Partner Dean G. Tanella, Manager

General Partner

General Partner

General Partner

General Partner

General Partner

03 JUL 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2000

DEAN G. TANELLA
33920 U.S. HIGHWAY 19 NORTH, SUITE 150
PALM HARBOR, FL 34684

SUBJECT: SAFE HARBOR OFFSHORE CAPITAL MANAGEMENT LTD.
Ref. Number: W00000016527

We have received your document for SAFE HARBOR OFFSHORE CAPITAL MANAGEMENT LTD. and your check(s) totaling \$97.50. 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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 300A00036601