## P03000001747

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
1	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
10/6 FL LP	
10/6 / 6	
•	
CIB	
<u> </u>	





000025118550

HLM

12/08/03-01055-006 \*\*323.75

O3DEC -8 PM 6: 19

## VINCENT A. LLOYD

200 South Indian River Drive, Suite 301 Fort Pierce, FL 34950 Telephone (772) 466-6120 ~ Facsimile (772) 466-6220

December 4, 2003

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Fl 34314

Re: Certificate of Limited Partnership

COVALIAN Ltd.

Dear Sir of Madam:

Enclosed you will find the executed certificate and affidavit for the above-named limited partnership, along with a check in the amount of \$323.75 for the filing fee, registered agent designation and certificate. The acknowledgment and certificate should be addressed to:

Vincent A. Lloyd 200 South Indian River Drive, Suite 301 Fort Pierce, FL 34950

Should you need additional information, please contact my assistant, Aggie Koesema, toll free at 866-859-6526 or email <a href="mailto:aggiek301@bellsouth.net">aggiek301@bellsouth.net</a>. Please email the certificate number as quickly as possible. I thank you in advance for your assistance.

Very truly yours,

Vincent A. Lloyd

ajk

Enclosures

## CERTIFICATE OF LIMITED PARTNERSHIP

1. <u>COVALIAN Ltd.</u> (Name of Limited Partnership; must contain a suffix s	uch as "Limited", "Ltd.", or "Limited Partnership")	
2. <u>Suite 301, 200 South Indian River Dr</u> (Business address of Limited Partnership)	ive. Fort Pierce. FL 34950	
3. <u>Vincent A. Lloyd</u> (Name of Registered Agent for Service of Process)		
4. Suite 301, 200 South Indian River Drive, Fort Pierce, FL 34950 (Florida street address for Registered Agent)  5. (Registered Agent must sign here to accept designation as Registered Agent for Service of Process)		
6. Suite 301, 200 South Indian River Dr. (Mailing Address of the Limited Partnership)	ive, Fort Pierce, FL 34950	
7. The latest date upon which the Limited Partnership is to be dissolved is:		
8. Name of General Partner:	Street address:	
Vincent A. Lloyd as Trustee of the Vincent A. Lloyd Revocable Trust Agreement dated July 19, 1999	Suite 301, 200 South Indian River Drive Fort Pierce, FL 34950	
Under penalties of perjury I (we) declare that contents thereof and that the facts stated here.  Signed this 4 day of December, 2003.	at I (we) have read the foregoing and know the ein are true and correct.	

Signature of all general partners:

Vincent A. Lloyd, General Partner

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of COVALIAN Ltd., a Florida Limited
Partnership, certify:
The amount of capital contributions to date of the limited partners is \$O
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 40,000,00
Signed this 4 day of December, 2003.
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.
Vincent A. Lloyd General Partner