

Ab4 000000170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

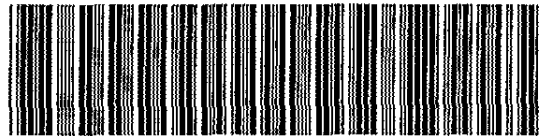
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300025896013

02/03/04--01009--006 **26.25

01/13/04--01071--005 **113.75

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04 JAN 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ab4-170
JR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 16, 2004

PETER SCHMIDT
400 SOUTH DIXIE HIGHWAY, SUITE 420
BOCA RATON, FL 33432-6024

SUBJECT: CAPE BOCA, LTD.
Ref. Number: W04000002286

We have received your document for CAPE BOCA, LTD. and check(s) totaling \$113.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$26.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report/Uniform Business Report	

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TALLAHASSEE, FLORIDA

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\$7 per \$1000 of invested capital
(\$52.50 minimum - \$437.50 maximum)
plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the
partnership was revoked plus the delinquent
annual report/uniform business report fees)

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00003098

LAW OFFICES
SCHMIDT, PHETERSON & BLEAU

400 SOUTH DIXIE HIGHWAY
THE ARBOR • SUITE 420
BOCA RATON, FLORIDA 33432-6024

PETER H. SCHMIDT
I. JEFFREY PHETERSON
DENISE J. BLEAU
DANIEL C. HARRIS
THOMAS S. DONNELLY

TELEPHONE (561) 394-2700
BROWARD (954) 428-0433
TELECOPIER (561) 394-6775

January 6, 2004

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Certificate of Limited Partnership of
CAPE BOCA, LTD.

Gentlemen:


Enclosed are duplicate originals of the Certificate of Limited Partnership of CAPE BOCA, LTD. Please file the Certificate of Limited Partnership and return one (1) certified copy to me in the enclosed, self-addressed envelope.

Also enclosed is a \$113.75 check, payable to the Florida Department of State, for payment of the filing fees, as follows:

Filing Fee	\$ 52.50
Certified Copy	8.75
Registered Agent	<u>52.50</u>
TOTAL	<u>\$113.75</u>

Thank you for your assistance in this matter.

Very truly yours,


Peter H. Schmidt

PHS/kas
Enclosures

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

CAPE BOCA, LTD.

THE UNDERSIGNED General Partners hereby make, swear to, and file, this Certificate of Limited Partnership of CAPE BOCA, LTD., to form a Limited Partnership under and pursuant to the Florida Revised Uniform Limited Partnership Act (1995), and state:

1. Name. The name of the Limited Partnership is:

CAPE BOCA, LTD.

2. Principal Office. The principal office of the Limited Partnership and its address are:

Post Office Box 101662
Cape Coral, Florida 33910,

or at such other place within the State of Florida as the General Partners, from time to time, may determine.

3. Registered Agent. The name and Florida street address for the Registered Agent are:

Arthur H. Schmidt, II
3601 Southeast 18th Avenue
Cape Coral, Florida 33904.

5. Acceptance of Registered Agent. Registered Agent hereby accepts the designation as Registered Agent for Service of Process:

ARTHUR H. SCHMIDT, II, Registered Agent.

6. Mailing Address. The mailing address of the Limited Partnership is:

Post Office Box 101662
Cape Coral, Florida 33910

7. Latest Date for Dissolution. The latest date upon which the Limited Partnership is to be dissolved is September 19, 2053.

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TALLAHASSEE FLORIDA

8. Name and Address of the General Partner.

Mood Indigo, Inc., a Florida corporation
Post Office Box 101662
Cape Coral, Florida 33910

P03-106074

Signed this 24th day of September, 2003.

MOOD INDIGO, INC., as General
Partner of Cape Boca, Ltd.

By: Arthur H. Schmidt II
ARTHUR H. SCHMIDT, II, as
President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) ss.:
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and to administer oaths, personally appeared ARTHUR H. SCHMIDT, II, as President of MOOD INDIGO, INC., a Florida corporation, constituting the sole General Partner of CAPE BOCA, LTD., a Florida limited partnership, after being by me first duly sworn on oath, deposes and says, as follows:

1. The amount of capital contributions to date of the limited partners is \$100.00.
2. The total amount contributed, and anticipated to be contributed, by the limited partners at this time totals \$100.00.

Under the penalties of perjury I declare that I have read the foregoing, and that the facts alleged are true, to the best of my knowledge and belief.

Arthur H. Schmidt II
ARTHUR H. SCHMIDT, II, as President
of MOOD INDIGO, INC., as General
Partner

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA)
) SS.
COUNTY OF PALM BEACH)

The foregoing instrument was subscribed and sworn to before me this 24TH day of September, 2003, by ARTHUR H. SCHMIDT, II, as President of MOOD INDIGO, INC., a Florida corporation, as the General Partner of CAPE BOCA, LTD., a Florida limited partnership, who personally appeared before me, who did take an oath, and who:

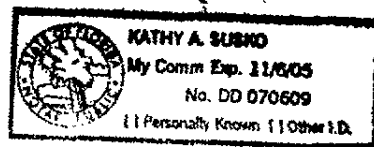
(Notary must check applicable box)

- ☒ is personally known to me;
- ☐ produced a current Florida driver's license as identification; or
- ☐ produced _____ as identification.

Kathy A Susko

NAME: KATHY A. SUSKO
Notary Public,
State of Florida at Large

My Commission Expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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