

A040000002110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

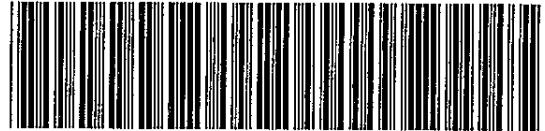
(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Entity	
Document	
Examiner	DCC
Updater	DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Office Use Only



900043203899

12/10/04--01027--021 **96.25

01/04/05--01006--023 **77.50

FILED
2004 DEC 30 PM 2:21
TOLSON

111A

Tc
\$1,000.00

TAX _____
52.50
DUE _____

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: RN, LP, a Florida Limited Partnership.

FROM:

Sam W. Boone, Jr.
Sam W. Boone, Jr., P.A.
605 NE 1st Street, Suite "E"
Gainesville, Florida 32601

For further information concerning this matter, please call Sam W. Boone, Jr. at (352) 374-8308.

Enclosed are an original and two (2) copies of the Certificate of Limited Partnership and a check for \$96.25 for Filing Fee, Certificate of Status & Certified Copy.

FILED
DEC 30 P 2:21
TALLAHASSEE, FL
RECEIVED

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Vital Properties, Ltd., a Florida Limited Partnership.
REF: W04000046556

FROM:

Sam W. Boone, Jr.
Sam W. Boone, Jr., P.A.
605 NE 1st Street, Suite "E"
Gainesville, Florida 32601

Enclosed are:

- an original and two (2) copies of the Certificate of Limited Partnership for Vital Properties, Ltd.;
- a Statement of Qualification for a FL LLLP
- a check for \$77.50.

Please see attached letter dated 12/22/04 regarding RN, LP. The documents have been revised to reflect:

- Change of name to Vital Properties, Ltd.

We also enclose a check for an additional \$77.50 bringing the total submitted to \$173.75, representing:

Filing fee	52.50
Registered Agent Designation	35.00
Certificate of Status	8.75
Certified Copy	52.50
Statement of Qualification FL LLLP	<u>25.00</u>
TOTAL	173.75

For further information concerning this matter, please call Sam W. Boone, Jr. at (352) 374-8308.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 22, 2004

SAM W. BOONE, JR.
SAM W. BOONE, JR., P.A.
605 NE 1ST STREET, SUITE "E"
GAINESVILLE, FL 32601

SUBJECT: RN, LP
Ref. Number: W04000046556

We have received your document for RN, LP and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

L.P. is not an acceptable suffix for Florida. You have also sent a Statement of Qualification for a LLP, you will need to send in an additional \$25.00. The Fee to file the Limited Partnership and get the certificate you have requested is \$148.25.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 704A00070876

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
VITAL PROPERTIES, LTD.
A Florida Limited Partnership**

1. The name of the Limited Partnership is **VITAL PROPERTIES, LTD.**

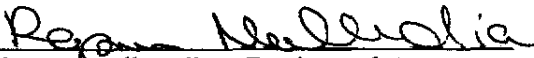
2. The address of the office of the Limited Partnership is:

2815 NW 13th Street, Suite 423
Gainesville FL 32609.

3. The name and address of the agent for service of process on the Limited Partnership is:

Ropen Nalbandian
2815 NW 13th Street, Suite 423
Gainesville FL 32609.

4. Signature of Registered Agent: (to accept designation as Registered Agent)


Ropen Nalbandian, Registered Agent

5. The mailing address of the Limited Partnership is:

2815 NW 13th Street, Suite 423
Gainesville FL 32609.

6. The latest date on which the Limited Partnership shall dissolve is 12/31/2034.

7. Name of general partner:

Street Address:

RZN Management, Inc.
(document # P04000166859)

2815 NW 13th Street, Suite 423
Gainesville FL 32609

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

Signed on December 29, 2004.

Signatures of all general partners:

RZN Management, Inc.

By: 
Ropen Nalbandian, President

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DEC 30 P 2:24
TALLAHASSEE, FL

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

The undersigned, constituting all of the general partners of Vital Properties, Ltd., a Florida Limited Partnership, certify:

1. The amount of the capital contributions to date of the limited partners is \$1,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

Signed on December 29, 2004.

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

RZN Management, Inc.

By: Ropen Nalbandian
Ropen Nalbandian, President

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to and subscribed before me on December 29, 2004, by Ropen Nalbandian as President of RZN Management, Inc., who X is personally known to me OR ___ produced identification.
Type of identification produced: _____

Sam W. Boone, Jr.
Notary Public - State of Florida

(Seal)



Sam W. Boone, Jr.
MY COMMISSION # DD235271 EXPIRES
July 29, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
2004 DEC 30 P 2:21
STATE OF FLORIDA
ALACHUA COUNTY