

A 050000060062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

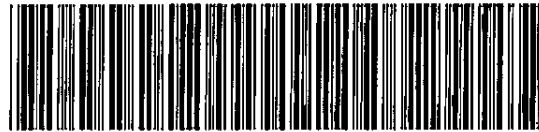
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01/06/05 10:13
TALLAHASSEE, FLORIDA

FILED
05 JAN -6 PM 12:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 1/6/05

REF. #: 0170.33537

CORP. NAME: STERLING MANAGEMENT FUND, LTD.

FILE FIRST!

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05 JAN -6 PM 12:24
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TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 66905 FOR \$ 1785.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. Sterling Management Fund, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 405 N. Reo Street, Suite 175, Tampa, FL 33609
(Business address of Limited Partnership)
3. Bill McBride
(Name of Registered Agent for Service of Process)
4. 601 Bayshore Boulevard, Suite 700, Tampa, FL 33606
(Florida street address for Registered Agent)
5. x [Signature] McBride
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 405 N. Reo Street, Suite 175, Tampa, FL 33609
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 1/6/2030
8. Name(s) of general partner(s): _____ Street address: _____
- | | |
|-------------------------------------|------------------------------------|
| <u>Nicholas Management Company,</u> | <u>405 N. Reo Street, Ste. 175</u> |
| <u>Inc.</u> | <u>Tampa, FL 33609</u> |
| <u>[Handwritten: POS 000002352]</u> | _____ |
| _____ | _____ |

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 _____ day of January 6, 2005.

Signature of all general partners:
NICHOLAS MANAGEMENT COMPANY, INC.

By: [Signature]

General Partner
Nicholas Flaskay, President

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
Sterling Management Fund, Ltd. _____,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 400,000 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 400,000 .

Signed this 6th day of January , 2005 .

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.*

NICHOLAS MANAGEMENT COMPANY, INC.

By: 

General Partner
Nicholas Flaskay, President

General Partner

General Partner

General Partner

General Partner

General Partner