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05 JUN 19 PM 3:35



GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

TARA R. FRIEDMAN

Pelican Bay Corporate Centre  
5551 Ridgewood Drive, Suite 501  
Naples, Florida 34108-2719  
Tel 239.514.1000  
Fax 239.514.0377  
www.gfpac.com

July 15, 2004

***Via Federal Express***

Registration Section  
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Filing of Certificate of Limited Partnership for VI Partnership, Ltd. and the Affidavit of Capital Contributions**

To Whom It May Concern:

Enclosed please find the referenced documents to be filed with Florida Divisions of Corporations. Also enclosed is check number 8785 in the amount of \$1,785.00 for the filing fee and designation of registered agent..

**Please send the acknowledgement letter to:**

Tara Friedman  
Grant, Fridkin, Pearson & Crown  
5551 Ridgewood Dr. Suite 501  
Naples, FL 34108

The General Partner for this limited partnership is SC & G Investors, Inc., a Florida corporation.

If you have any questions please contact me at 239-514-1000. Thank you for your assistance in this matter.

Very truly yours,

Tara Friedman  
Corporate Legal Assistant

/trf  
Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP  
VI PARTNERSHIP, LTD.**

The undersigned sole general partner, desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. **Name of Limited Partnership.** The name of the limited partnership is **VI PARTNERSHIP, LTD.**
2. **Office for Maintenance of Business Records.** The address of the office at which the records of the limited partnership will be kept is 800 Laurel Oak Drive, Suite 300, Naples, Florida 34108, or such other place as the General Partner shall select.
3. **Agent for Service of Process.** The name and address of the partnership's agent for service of process in Florida is G. Helen Athan, Esq., c/o GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A., 5551 Ridgewood Drive, Suite 501, Naples, FL 34108, or such other person that accepts such duties as the General Partner selects.
4. **General Partner.** The name and business address of the General Partner in the Limited Partnership is as follows:  

<u>Name</u>	<u>Address</u>
SC & G Investors, Inc.	800 Laurel Oak Drive, Suite 300, Naples, FL 34108

205-99089
5. **Mailing Address of Partnership.** The mailing address of the limited partnership is 800 Laurel Oak Drive, Suite 300, Naples, FL 34108.
6. **Latest Date of Dissolution.** The latest date on which the limited partnership is to dissolve is December 31, 2030.

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.

Dated as of this 15<sup>th</sup> day of July, 2005.

GENERAL PARTNER

SC & G Investors, Inc., a Florida corporation

By: \_\_\_\_\_

Keith A. Sharpe, President

I hereby accept appointment as Registered Agent for the Partnership.

G. Helen Athan  
G. Helen Athan, Esq.

05 JUL 19 PM 3:36

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
VI PARTNERSHIP, LTD.**

The undersigned, constituting the sole General Partner of **VI PARTNERSHIP, LTD.**, declares that the capital contributions of the Limited Partners in the partnership are as follows:

The Limited Partners have made and anticipate to make capital contributions of One Million and 00/100 Dollars (\$1,000,000.00).

Further Affiant sayeth not. 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.

GENERAL PARTNER  
SC& G Investors, Inc., a Florida corporation

By: \_\_\_\_\_

Keith A. Sharpe, President

STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was sworn to and subscribed before me this 15<sup>th</sup> day of July, 2005, by Keith A. Sharpe, the President of SC & G Investors, Inc., as General Partner of **VI PARTNERSHIP, LTD.**, who ☒ is personally known to me or who ☐ has produced a driver license as identification.



**Michelle M. Quevedo**  
Commission # DD275360  
Expires April 19, 2008  
Bonded Troy Fair Insurance, Inc. 900-385-7019

\_\_\_\_\_  
Notary Public -State of Florida

(Printed, typed or stamped commissioned Name of Notary Public)  
My Commission Expires: