

A05000002061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

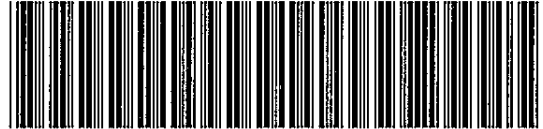
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700061006587

11/10/05--01009--024 **96.25

FILED

05 NOV 10 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 NOV 10 AM 11:32

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND

CONTACT: TRACY SPEAR

DATE: 11/10/05

REF. #: 000672.44261

CORP. NAME: ECOVENTURE AQUA ASSOCIATES, LTD.

FILED
05 NOV 10 PM 3:17
STATE
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# 514881 FOR \$ 96.25

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 checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ECOVENTURE AQUA ASSOCIATES, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership shall be **ECOVENTURE AQUA ASSOCIATES, LTD.**

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.106 shall be located at **601 Bayshore Boulevard, Suite 960, Tampa, Florida 33606**, and the name of the Partnership's agent for service of process at said address is **Edward R. Oelschlaeger**.

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
ECOVENTURE AQUA ASSOCIATES, INC., a Florida corporation	601 Bayshore Boulevard, Suite 960 Tampa, Florida 33606

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be **601 Bayshore Boulevard, Suite 960, Tampa, Florida 33606**.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **ECOVENTURE AQUA ASSOCIATES, LTD.**

DATED this 9th day of ~~October~~, 2005.
November

GENERAL PARTNER:

ECOVENTURE AQUA ASSOCIATES, INC.,
a Florida corporation

By: Edward R. Oelschlaeger
Edward R. Oelschlaeger, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Edward R. Oelschlaeger
EDWARD R. OELSCHLAEGER

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
ECOVENTURE AQUA ASSOCIATES, LTD.**

I, **EDWARD R. OELSCHLAEGER**, being the President of **ECOVENTURE AQUA ASSOCIATES, INC.**, a Florida corporation, the sole General Partner of **ECOVENTURE AQUA ASSOCIATES, LTD.**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$1.00 of capital to the Partnership.
2. At this time, it is anticipated that no additional contributions shall be made by the limited partners.

DATED this 9th day of ~~October~~ ^{November}, 2005.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief.


GENERAL PARTNER:

ECOVENTURE AQUA ASSOCIATES, INC.,
a Florida corporation

By: 
Edward R. Oelschlaeger, President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 9th day of ~~October~~ ^{November}, 2005, by **EDWARD R. OELSCHLAEGER**, being the President of **ECOVENTURE AQUA ASSOCIATES, INC.**, a Florida corporation, the sole General Partner of the Partnership, who is personally known to me or who produced _____ as identification.


Notary Public
Print Name: Michelle Odiorne
Commission No: DD 442414
My Commission Expires: 19 June 2009

