

A 060000005 03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

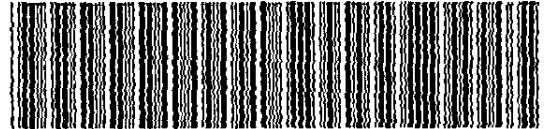
(Document Number)

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*[Handwritten signature]*

Office Use Only



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04/06/06--01030--015 \*\*1785.00

FILED

2006 APR -6 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 APR -6 PM 12:22

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cloud Partnership

FILED  
2006 APR -6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

please refund  
difference to O'Conna +  
Associates @ 1250 S. Belcher Rd  
Largo, FL 33771

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

☒ LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: CLAUDE LIMITED PARTNERSHIP  
Ref. Number: W06000016604

**RE-SUBMIT**

PLEASE OBTAIN THE ORIGINAL  
FILE DATE

2006 APR -6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

We have received your document for CLAUDE LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are still retaining your \$1,785.00 payment.

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.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 606A00024383

**RE-SUBMIT**

PLEASE OBTAIN THE ORIGINAL  
FILE DATE

06 APR 12 AM 9:13  
**RECEIVED**  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: CLAUDE PARTNERSHIP  
Ref. Number: W06000016604

RECEIVED  
06 APR 10 PM 2:53  
2006 APR -6 AM 10:03  
FILED  
RE-SUBMIT  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

We have received your document for CLAUDE PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,785.00 payment.

The name must end in a limited partnership suffix, such as LP, LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 806A00023623

RE-SUBMIT  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
V CLAUDE LIMITED PARTNERSHIP

FILED  
2006 APR -6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desire to form a limited partnership under the Uniform Limited Partnership Act as set forth in Florida Statute §620.101 et. al., make the following certificate:

1. The name of the limited partnership shall be: V CLAUDE LIMITED PARTNERSHIP
2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.
3. The mailing address, location of the office and principal place of business for the limited partnership shall be 466 CHINA HILL COURT, APOPKA, FLORIDA 32712.  
LOGU00027436
4. The name and address of the general partner is V CLAUDE, LLC, whose address is 466 CHINA HILL COURT, APOPKA, FLORIDA 32712.
5. The partnership shall continue for a term of approximately 25 years.
6. The registered agent and its address for service of process as required by Florida Statute §620.105 for the limited partnership shall be:

O'CONNOR & ASSOCIATES  
1250 BELCHER ROAD, SUITE 160  
LARGO, FL 33771

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

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

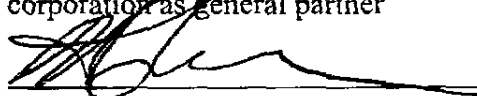
Signed this 24 day of March, 2006.

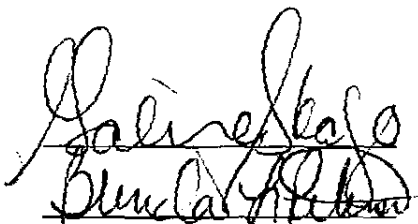
WITNESSES:

General Partner

V CLAUDE, LLC, a Florida limited liability corporation as general partner

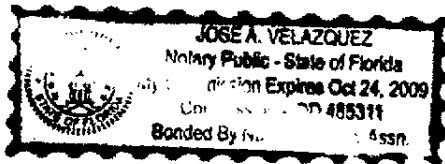
By:

  
VINCENT A. CLAUDE, its Manager



STATE OF FLORIDA                     )  
COUNTY OF ORANGE                 ) S.S.

The foregoing instrument was acknowledged before me this 24 day of March, 2006, by VINCENT A. CLAUDE as Manager of V CLAUDE, LLC, as general partner, on behalf of the CLAUDE PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced Driver License as identification and did take an oath.



Jose A. Velazquez  
Notary Public  
State of Florida  
My Commission Expires:

**Acknowledgment of Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.105 for said limited partnership.

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

Patrick M. O'Connor  
Registered Agent