

A06 000000906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

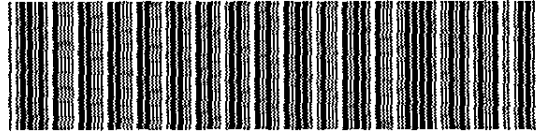
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/07/06--01029--010 \*\*1061.25

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06 JUL 21 4M11:03

STATE  
OF FLORIDA

519

7-24

*[Signature]*

1006-30472

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Tonic L&P

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jonathan Blum

(Contact Person)

(Firm/Company)

8424 Tivoli Dr.

(Address)

Orlando, FL 32836

(City, State and Zip Code)

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06 JUL 24 AM 11:03  
STATE OF FLORIDA  
TALLAHASSEE

For further information concerning this matter, please call:

Jonathan Blum

(Name of Contact Person)

at (407) 973-3682

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)  
☐ \$1,008.75 Filing Fees  
and Certificate of  
Status  
☐ \$1,052.50 Filing Fees  
and Certified Copy  
☒ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2006

JONATHAN BLUM  
8424 TIVOLI DR  
ORLANDO, FL 32836

SUBJECT: TONIC LTD  
Ref. Number: W06000030472

FILED  
06 JUL 24 PM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TONIC LTD and your check(s) totaling \$1061.25. 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.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 806A00044334

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Tonic Ltd. Tonic Lounge, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 8424 Tivoli Dr.  
(Street address of initial designated office)

Orlando FL 32836

3. Jonathan Blum  
(Name of Registered Agent for Service of Process)

4. 8424 Tivoli Dr.  
(Florida street address for Registered Agent)

Orlando, FL 32836

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
Signature of Registered Agent

6. 8424 Tivoli Dr.  
(Mailing address of initial designated office)

Orlando, FL 32836

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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SECRET  
OFFICE OF STATE  
FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

3 Conmas LLC  
LOG 000015361

8424 Tirol Dr  
Orlando, FL 32836

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CLERK OF STATE  
TALLAHASSEE

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 6<sup>th</sup> day of July

Signature of each general partner:

[Signature]  
[Signature]

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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