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(Requestor's Name)
(Address)
(Address)
(City(Chate/Tity(Dhane 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

AUG -4 PM 2:



275 Clyde Morris Boulevard Ormond Beach, Florida 32174 Tel 386 671 4888 Fax 386 671 3888

August 2, 2006

Via Federal Express Delivery

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

Dear Sir or Madam:

Enclosed please find the following:

Domestication of Root Capital, Inc.

- Transmittal Letter
- Certificate of Domestication
- Cover Letter
- Articles of Incorporation (original and one copy)
- Check # 6017 in the amount of \$137.25

Registration of Root Capital Partners, Limited Partnership

- Cover Letter
- Certificate of Limited Partnership for Florida Limited Partnership
- Check # 13027 in the amount of \$1,008.75

Please file these documents at your earliest opportunity. If you have any questions or require additional information, please contact me directly at 386-671-4908 (fax: 386-671-9802).

Thank you for your attention to this matter.

Sincerely yours,

Sharon Romano Legal Secretary

/shr

Enclosures

SECHETARY OF STATE TALLAHASSEE FLORING

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Root Capital Partner	s, Limited Partnership	
(Name of Florida Limited Partnershi	p or Limited Liability Limited Partnership)	
The enclosed Certificate of Limited Partne	ership and fees are submitted for filing.	
Please return all correspondence concerning	ng this matter to:	
William J. Voges	·	
(Contact Person)		
Root Company		
(Firm/Company)		
275 Clyde Morris Blvd.		
(Address)	<u>.</u>	
Ormond Beach, FL 32174		
(City, State and Zip Code)	7.0	0
	E E	06 AUG
For further information concerning this ma	tter, please call:	S .
Sharon Romano	at (386) 671-4908	-4
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	PH
Enclosed is a check for the following amou	ont:	2: 08
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\begin{array}{c} \textbf{X} \ \$1,008.75 \ Filing Fees and Certificate of Status \end{array}	\$1,052.50 Filing Fees \$\int \\$1,061.25 Filing Fees, and Certified Copy 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)		

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

I. Root Capital Partners, Limited Partnership	· · · · · · · · · · · · · · · · · · ·
(Name of Limited Partnership or Limited Liability Limited Partnership, which Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, of Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited or LLLP.	or Ltd.
•	
2. 275 Clyde Morris Boulevard	
(Street address of initial designated office)	
Ormond Beach, Florida 32174	
3. William J. Voges	ALLA
(Name of Registered Agent for Service of Process)	AS
4. 275 Clyde Morris Boulevard	
(Florida street address for Registered Agent)	ير الله
	\sim 10
Ormond Beach, FL 32174	ORIDA ORIDA
5. I hereby accept the appointment as registered agent and agree to act in this ca comply with the provisions of all statutes relative to the proper and complete perfo	rmance of my duties,
5. I hereby accept the appointment as registered agent and agree to act in this ca comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligations of my position as registered agen	rmance of my duties,
5. I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete performed and I am familiar with and accept the obligations of my position as registered agent Signature of Registered Agent	rmance of my duties,

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8. Name and business address of each general partner: **Business Address:** Name: Root Capital, Inc. 275 Clyde Morris Boulevard Ormond Beach, FL 32174 204 000 102548 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.) __ day of_ Signed this Signature of each general partner: Root Capital, Inc. **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee) Filing Fees: Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

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