

Ad6000001450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

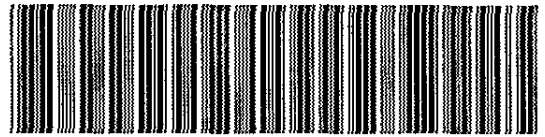
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

SEM

Office Use Only



300082361813

12/12/06--01005--002 **1362.50

FILED
06 DEC 11 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NASCENT HEDGE FUND, 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:

Shea De Rosa

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Shea De Rosa

(Name of Contact Person)

at (954) 345-6442

(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)

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

1. NASCENT HEDGE FUND, L.P.

(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. 3300 University Drive, Suite 311

(Street address of initial designated office)

Coral Springs, FL 33065

3. Michael Lapat

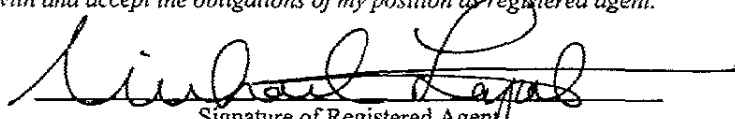
(Name of Registered Agent for Service of Process)

4. 3300 University Drive, Suite 311

(Florida street address for Registered Agent)

Coral Springs, FL 33065

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 of Registered Agent

6. 3300 University Drive, Suite 311

(Mailing address of initial designated office)

Coral Springs, FL 33065

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

06 DEC 11 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

8. Name and business address of each general partner:

Name:

Business Address:

Nascent Capital Management, LLC 3300 University Drive, Suite 311
Coral Springs, FL 33065

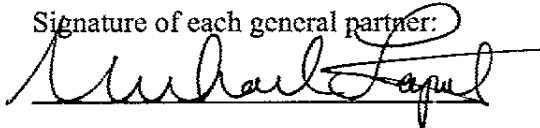
LD-118188

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 8th day of December, 2006

Signature of each general partner:



Michael Lapat, Attorney-in fact

For Nascent Capital Management, LLC
GP

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2