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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAYWAY INVESTMENT 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:

PETER T. HOFSTRA, ESQ.

(Contact Person)

DeLOACH & HOFSTRA, P.A.

(Firm/Company)

8640 SEMINOLE BLVD.

(Address)

SEMINOLE, FL 33772

(City, State and Zip Code)

For further information concerning this matter, please call:

PETER T. HOFSTRA at (727) 397-5571

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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. BAYWAY INVESTMENT 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. 6100 - 51ST STREET SOUTH

(Street address of initial designated office)

ST. PETERSBURG, FLORIDA 33715

3. PETER T. HOFSTRA, ESQ.

(Name of Registered Agent for Service of Process)

4. 8640 SEMINOLE BOULEVARD

(Florida street address for Registered Agent)

SEMINOLE, FLORIDA 33772

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. 6100 - 51ST STREET SOUTH

(Mailing address of initial designated office)

ST. PETERSBURG, FLORIDA 33715

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

8. Name and business address of each general partner:

Name:

Business Address:

MICHAEL R. O'BRIEN, AS TRUSTEE
OF THE MICHAEL R. O'BRIEN
TRUST U/T/D 9/28/1993

6100 - 51ST STREET SOUTH
ST. PETERSBURG, FL 33715

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 6TH day of JUNE, 2007.

Signature of each general partner:



MICHAEL R. O'BRIEN, AS
TRUSTEE OF THE MICHAEL R. O'BRIEN
TRUST U/T/D 9/28/1993

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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TALLAHASSEE, FLORIDA

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