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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

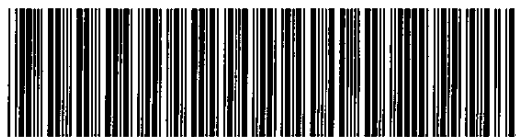
(Document Number)

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SECRET
DIVISION
07 OCT 17 PM 2:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN REEF CAPITAL 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:

RYAN WHITTEMORE

(Contact Person)

OCEAN REEF CAPITAL INVESTMENT FUND, L.P.

(Firm/Company)

ONE PROGRESS PLAZA, SUITE 2100

(Address)

ST.PETERSBURG FL 33701

(City, State and Zip Code)

For further information concerning this matter, please call:

RYAN WHITTEMORE

(Name of Contact Person)

at (727) 698-0912

(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. OCEAN REEF CAPITAL 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. ONE PROGRESS PLAZA, SUITE 2100

(Street address of initial designated office)

ST.PETERSBURG FL 33701

3. RYAN WHITTEMORE

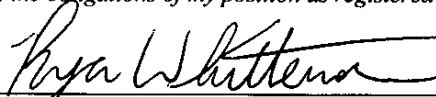
(Name of Registered Agent for Service of Process)

4. 800 SOUTH DAKOTA AVE #232

(Florida street address for Registered Agent)

TAMPA, FL 33606

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. 800 SOUTH DAKOTA AVE #232

(Mailing address of initial designated office)

TAMPA, FL 33606

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES

07 OCT 17 PM 2:03

8. Name and business address of each general partner:

Name:

Business Address:

OCEAN REEF CAPITAL PARTNERS, LLC

ONE PROGRESS PLAZA, SUITE 2100

LOT-105817

ST. PETERSBURG FL 33701


RYAN WHITEMORE, Manager

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 15 day of October, 2007.

Signature of each general partner: _____



Manager, Ocean Reef Capital Partners, 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