

A07000001228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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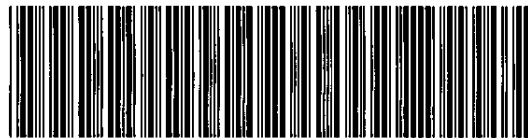
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 31 AM 11:00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YORKSHIRE TREASURY FUND, LLP

(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:

DONALD H. VANNICE

(Contact Person)

(Firm/Company)

8810 BAY HILL BLVD.

(Address)

ORLANDO, FL 32819

(City, State and Zip Code)

For further information concerning this matter, please call:

DON VANNICE

(Name of Contact Person)

at ( 321 ) 246-0363

(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

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

1. YORKSHIRE TREASURY FUND, LLLP

(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. 8810 BAY HILL BLVD.

(Street address of initial designated office)

ORLANDO, FL 32819

3. JOY A. VANNILE

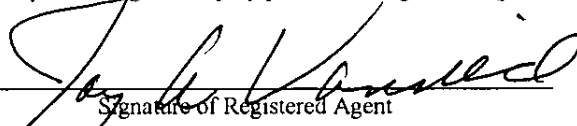
(Name of Registered Agent for Service of Process)

4. 8810 BAY HILL BLVD.

(Florida street address for Registered Agent)

ORLANDO, FL 32819

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. 8810 BAY HILL BLVD.

(Mailing address of initial designated office)

ORLANDO, FL 32819

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:

DONALD H. VANNILE

8810 BAY HILL BLVD.

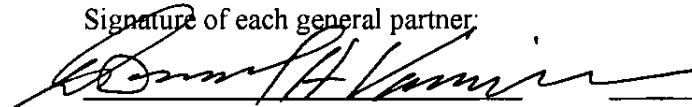
ORLANDO, FL. 32819

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 29<sup>TH</sup> day of OCTOBER, 2007.

Signature of each general partner:



DONALD H. VANNILE

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

Page 2 of 2

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