

A07000001324

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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07 DEC -3 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Al Thomas DEC - 5 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAWAAY CAPITAL PARTNERS, 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:

JULIE HANCOCK

(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:

JULIE HANCOCK

(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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. HAWAWAY CAPITAL PARTNERS, 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. 1111 BRICKELL AVENUE 11th FLOOR

(Street address of initial designated office)

CORAL SPRINGS FL 33065

3. ELLEN BATAK

(Name of Registered Agent for Service of Process)

4. 1111 BRICKELL AVENUE 11th FLOOR

(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. 1111 BRICKELL AVENUE 11th FLOOR

(Mailing address of initial designated office)

CORAL SPRINGS FL 33065

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

HAWAII CAPITAL MANAGEMENT, LLC

1111 BRICKELL AVENUE 11th FLOOR

LO1-120893

CORAL SPRINGS FL 33065

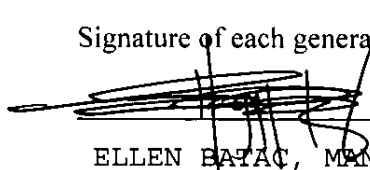
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TALLAHASSEE, FLORIDA

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 27<sup>th</sup> day of NOVEMBER, 2007.

Signature of each general partner:



ELLEN BATAC, MANAGER

HAWAII CAPITAL MANAGEMENT, LLC, GP

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**