

A07000000 1381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

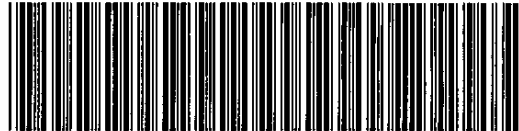
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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12/17/07--01004--011 **1362.50

LP 1,000.00
Cert 52.50

J. BRYAN DEC 17 2007

LAW OFFICES
Reichstein and Lapat

an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

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Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

December 7, 2007

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

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| | | |
|---|-------------|-------------------|
| RE: TERRAVEST CAPITAL PARTNERS, L.P. | (LP) | \$1,052.50 |
| Certified Copy L.P. | | |
| TERRAVEST CAPITAL MANAGEMENT, LLC | (GP) | \$ 155.00 |
| Certified Copy, LLC | | |
| TERRAVEST CAPITAL ADVISORS, LLC | (IA) | \$ 155.00 |
| Certified Copy LLC | | |
| | | \$1,362.50 |

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$1,362.50** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,


Julie Hancock

jh
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERRAVEST 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)

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For further information concerning this matter, please call:

JULIE HANCOCK at (954) 345-6442
(Name of Contact Person) (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. TERRAVEST 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. 3030 HARTLEY ROAD, SUITE 250

(Street address of initial designated office)

JACKSONVILLE FL 32259

3. MITCH MALONE

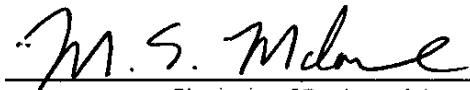
(Name of Registered Agent for Service of Process)

4. 3030 HARTLEY ROAD, SUITE 250

(Florida street address for Registered Agent)

JACKSONVILLE FL 32259

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. 3030 HARTLEY ROAD, SUITE 250

(Mailing address of initial designated office)

JACKSONVILLE FL 32259

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

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8. Name and business address of each general partner:

Name: #L07000124678
TERRAVEST CAPITAL MANAGEMENT, LLC

Business Address:
3030 HARTLEY ROAD, SUITE 250
JACKSONVILLE FL 32259

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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 16TH day of DECEMBER, 2007.

Signature of each general partner:

M.S. Malone

MITCH MALONE, MANAGER, TERRAVEST
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