

A08 0000000058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

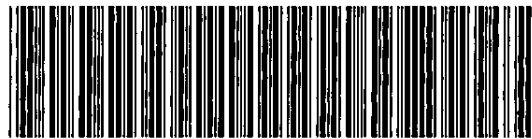
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Certified Copies \_\_\_\_\_

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2008 JAN 17 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 18 2008

EXAMINER

*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)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901 (Fax)

*Please Reply to Florida Office*

Michael Lapat  
admitted to Practice in:  
Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

December 26 2007

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

<b>RE: SPARTAN CAPITAL PARTNERS, L.P.</b>	
<b>Including Certified Copy of L.P.</b>	<b>\$1,052.50</b>
<b>SPARTAN CAPITAL MANAGEMENT, LLC</b>	
<b>Including Certified Copy of LLC</b>	<b>\$ 155.00</b>
<b>SPARTAN CAPITAL ADVISORS, LLC</b>	
<b><u>Including Certified Copy of LLC</u></b>	<b><u>\$ 155.00</u></b>
	<b>\$ 1362.50</b>

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 \$1362.50** 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

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 1 2008  
1:13 PM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPARTAN CAPITAL 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:

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

CR2E030 (01/06)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. SPARTAN CAPITAL 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. 3300 UNIVERSITY DRIVE, SUITE 311

(Street address of initial designated office)

CORAL SPRINGS FL 33065

3. MICHAEL LAPAT


(Name of Registered Agent for Service of Process)

4. 3300 UNIVERSITY DRIVE, SUITE 311

(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. 3300 UNIVERSITY DRIVE, SUITE 311

(Mailing address of initial designated office)

CORAL SPRINGS FL 33065

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

MATTHEW WADDELL

3300 UNIVERSITY DRIVE, SUITE 311

CORAL SPRINGS FL 33065

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 14<sup>th</sup> day of January, 2007 8

Signature of each general partner:

Matthew Waddell

MATTHEW WADDELL  
MANAGER, SPARTAN CAPITAL PARTNERS, LLC

**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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TALLAHASSEE, FLORIDA

FILED