

A08000000110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

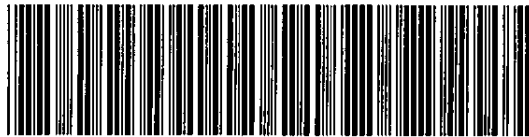
LP

Office Use Only

G. MCLEOD

FEB 01 2008

EXAMINER



300116530673

01/31/08--01020--028 **1061.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JAN 31 PM 2:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COFRA FINANCIAL, LTD

(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:

FRANCOIS N. SAVAIN

(Contact Person)

COFRA FINANCIAL

(Firm/Company)

10856 NW 9TH CT

(Address)

PLANTATION, FL 33324

(City, State and Zip Code)

For further information concerning this matter, please call:

FRANCOIS N. SAVAIN

(Name of Contact Person)

at (954) 816-4782

(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. COFRA FINANCIAL, LTD

(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. 10856 NW 9TH CT

(Street address of initial designated office)

PLANTATION, FL 33324

3. FRANCOIS N. SAVAIN

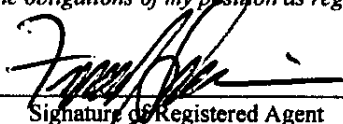
(Name of Registered Agent for Service of Process)

4. 10856 NW 9TH CT

(Florida street address for Registered Agent)

PLANTATION, FL 33324

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. 10856 NW 9TH CT

(Mailing address of initial designated office)

PLANTATION, FL 33324

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

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DIVISION OF CORPORATION
08 JAN 31 PM 2:28

8. Name and business address of each general partner:

Name:

Business Address:

CONSTANCE PHILLIPS

1220 NW 23rd Terr.

Pompano Beach, FL 33069

FRANCOIS N. SAVAIN

10856 NW 9TH CT

PLANTATION, FL 33324

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 28 day of JANUARY, 2008.

Signature of each general partner:

Constance Phillips

[Signature]

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75