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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

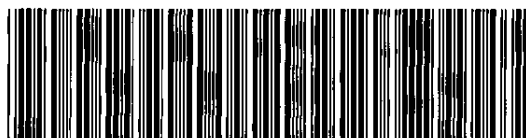
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. BRUCE
MAY 28 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Oak Value 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:

Mark A. Cohen
Contact Person

Oak Tree Capital Advisers, Inc.
Firm/Company

6899 Viento Way
Address

Boca Raton, Fl. 33433
City, State and Zip Code

cncr@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A. Cohen at (561) 451-9516
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

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TALLAHASSEE, FLORIDA

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

1. Red Oak Value 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. 6899 Viento Way
(Street address of initial designated office)

Boca Raton, Fl. 33433

3. Mark A. Cohen
(Name of Registered Agent for Service of Process)

4. 6899 Viento Way
(Florida street address for Registered Agent)

Boca Raton, Fl. 33433

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. 6899 Viento Way
(Mailing address of initial designated office)

Boca Raton, Fl. 33433

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:

Oak Tree Capital Advisers, Inc.

6899 Viento Way

Boca Raton, Fl. 33433

0990000686948

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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 15 day of May, 2009.

Signature of each general partner:

Mark G. Ch... for Oak Tree Capital Advisers, Inc.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75