

A090000000476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

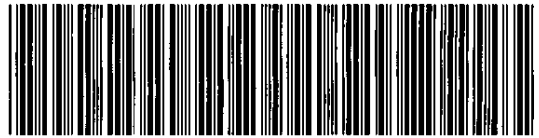
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900157231679

06/25/09--01022--022 **1000.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 8 AM 8:44

T. HAMPTON

JUL - 9 2009

EXAMINER

46832-6007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZURE CAPITAL, 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:

T DELAHANTY
Contact Person

Firm/Company

PO BOX 56855
Address

JACKSONVILLE, FL. 32241-6855
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T DELAHANTY at (904) 716-9300
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 26, 2009

T DELAHANTY
P O BOX 56855
JACKSONVILLE, FL 32241-6855

SUBJECT: AZURE CAPITAL, LTD.
Ref. Number: W09000029826

We have received your document for AZURE CAPITAL, LTD. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is L06000121975 (AZURE CAPITAL, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00021956

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

**AZURE CAPITAL USA, LTD.
~~AZURE CAPITAL, LTD.~~**

1. _____

(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. 2464 JOSE CIRCLE SOUTH
(Street address of initial designated office)


JACKSONVILLE, FL. 32217

3. BLUE SPHERE HOLDINGS CORPORATION
(Name of Registered Agent for Service of Process)

4. 2464 JOSE CIRCLE SOUTH
(Florida street address for Registered Agent)

JACKSONVILLE, FL. 32217

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. 2464 JOSE CIRCLE SOUTH
(Mailing address of initial designated office)

JACKSONVILLE, FL. 32217

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

8. Name and business address of each general partner:

Name:

Business Address:

BLUE SPHERE HOLDINGS COF
CORPORATION P04000172922

PO BOX 56855


JACKSONVILLE, FL. 32241-6855

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 22-9 day of JUNE 2009.

Signature of each general partner:



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75