

A09000000586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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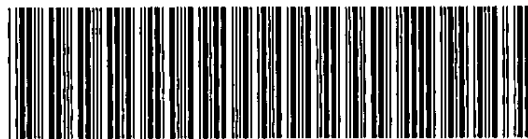
(Business Entity Name)

(Document Number)

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08/18/09--01001--008 **1052.50

RECEIVED

09 AUG 17 PM 3:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 AUG 17 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 18 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK
DATE: 08/17/09
REF. #: 0150.109168
CORP. NAME: ACAP FUND ONE, LLLP

***File second**

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09 AUG 17 AM 8:25
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531396 FOR \$ 1052.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

OF

ACAP FUND ONE, LLLP

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (2005), the undersigned, being the sole General Partner of ACAP FUND ONE, LLLP, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Liability Limited Partnership.

1. The name of the limited liability limited partnership is ACAP FUND ONE, LLLP (the "**Partnership**").

2. The Partnership elects to be a limited liability limited partnership.

3. The business address of the Partnership is:

139 NE 1st Street, PH 15
Miami, Florida 33132

4. The mailing address of the Partnership is:

139 NE 1st Street, PH 15
Miami, Florida 33132

5. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:

John Grady

6. The Florida street address for the registered agent is:

139 NE 1st Street, PH 15
Miami, Florida 33132

7. **Acceptance of Appointment of Registered Agent.** Having been named the statutory registered agent of ACAP FUND ONE, LLLP, at the place designated in this Certificate of Limited Liability Limited Partnership of ACAP FUND ONE, LLLP, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Section 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida law relative to keeping the registered office open.

John Grady

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

8. The name and business address of the sole general partner is as follows:

ACAP FUND ONE GP, LLC
139 NE 1st Street, PH 15
Miami, Florida 33132

8. The latest date upon which the limited partnership is to dissolve is December 31, 2020.

Under penalty of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

IN WITNESS WHEREOF, the sole General Partner has executed the foregoing Certificate of Limited Liability Limited Partnership on the 17th day of August 2009 in accordance with Section 620.114 of the Florida Statutes.

GENERAL PARTNER:

ACAP FUND ONE GP, LLC

By: 

Name: John Grady
Title: Manager