

**A09000000726**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000222007 3)))



H090002220073ABOW

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : PCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**FILED**  
09 OCT 16 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

09 OCT 16 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP**

VAE, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

**D. BRUCE**

OCT 19 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. VAE, LP

(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. 800 South Ocean Boulevard, Suite 406, Boca Raton, FL 33432  
(Street address of initial designated office)

3. VAE, LLC  
(Name of Registered Agent for Service of Process)

4. 800 South Ocean Boulevard, Suite 406, Boca Raton, FL 33432  
(Florida street address for Registered Agent)

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.

By:   
Signature of Registered Agent

6. 800 South Ocean Boulevard, Suite 406, Boca Raton, FL 33432  
(Mailing address of initial designated office)

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

**FILED**  
09 OCT 16 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

VAE L.L.C.

800 South Ocean Boulevard, Suite 406

Boca Raton, FL 33432

L020000025119

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 16<sup>th</sup> day of October 2009

Signature of each general partner:

Al Bh  
Andrew Brooks, manager VAE L.L.C.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED  
09 OCT 16 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VAE L.L.C.  
800 Ocean Boulevard, Suite 606  
Boca Raton, Florida 33432

October 16, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building P. O. Box 6327  
2661 Executive Center Circle  
Tallahassee, FL 32301-1335

RE: VAE, LP, a Florida limited partnership

Dear Sir/Madam:

VAE L.L.C. hereby consents to the use of a similar name by VAE, LP, in connection with VAE L.L.C.'S filing of a Certificate of Limited Partnership in your office.

Very truly yours,

VAE L.L.C., a Florida limited liability company

By:   
ANDREW BROOKS,  
Manager

FILED  
09 OCT 16 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

129779.00601/11943783v.1