A09000000763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 30 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AW OPPORTUNITY FUND 1, LP
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:

Brian K. Waxman
Contact Person

Applefield Waxman
Firm/Company

2801 PGA Boulevard, Suite 220
Address

Palm Beach Gardens, FL 33410
City, State and Zip Code

brian@applefieldwaxman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian K. Waxman at (561) 687-5800
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. AW OPPORTUNITY FUND I, 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. 2801 PGA Boulevard, Suite 220
(Street address of initial designated office)

Palm Beach Gardens, FL 33410

3. Jones Foster Service LLC
(Name of Registered Agent for Service of Process)

4. 505 S. Flagler Drive, Suite 1100
(Florida street address for Registered Agent)

West Palm Beach, FL 33410

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.*

Scott McMullen, Mgr.
Signature of Registered Agent

6. 2801 PGA Boulevard, Suite 220
(Mailing address of initial designated office)

Palm Beach Gardens, FL 33410

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:
AWOF Manager I, LLC L09000078833	2801 PGA Boulevard, Suite 220 Palm Beach Gardens, FL 33410

9. Effective date, if other than the date of filing: November 2, 2009.

(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 28th day of October, 2009.

Signature of each general partner:

Manager member

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

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