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(Address)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**L. SELLERS**

**OCT 18 2010**

**EXAMINER**

OCT 18 2010

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10 OCT 12 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Vieta Family Limited Partnership  
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:

James P. Maselan  
Contact Person

Maselan & Jones, P.C  
Firm/Company

One International Place  
Address

Boston, MA 02110  
City, State and Zip Code

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

For further information concerning this matter, please call:

James P. Maselan at ( 617 ) 310-6552  
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

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

1. The Vieta Family Limited Partnership, 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. 2201 South Ocean Drive, Apt. 2307  
(Street address of initial designated office)

Hollywood, FL 33019

3. Michael Kent  
(Name of Registered Agent for Service of Process)

4. 2201 South Ocean Drive, Apt. 2307  
(Florida street address for Registered Agent)

Hollywood, FL 33019

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. 2201 South Ocean Drive, Apt. 2307  
(Mailing address of initial designated office)

Hollywood, FL 33019

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

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8. Name and business address of each general partner:

Name:

Business Address:

Vieta Kent

59 Sandpiper Crescent

Milford, CT 06460

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 20 day of 9, 2010.

Signature of each general partner:



**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**