

#A10000000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

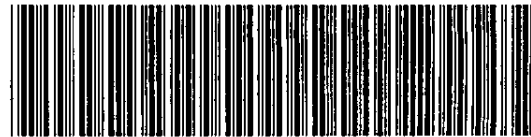
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 DEC -9 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC 14 2010



**Fox Rothschild LLP**  
ATTORNEYS AT LAW

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Email Address: gsutera@foxrothschild.com

December 8, 2010

State of Florida  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Certificate of Limited Partnership**  
**Capco Partners Qualified Fund, LP**

Dear Sir or Madam:

Enclosed for filing is the Certificate of Limited Partnership for Cappco Partners Qualified Fund, LP. Additionally, enclosed is the Cover Letter and our check in the amount of \$1,000.

Please mark a copy of the Certificate of Limited Partnership "Filed" and return it to us in the Federal Express envelope provided for your use.

Thank you for your assistance in this matter. If you have any questions with respect to this filing, please contact our office.

Sincerely,

Geraldine M. Sutera  
Paralegal

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capco Partners Qualified Fund, 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:

Ernest E. Badway, Esq.

Contact Person

Fox Rothschild LLP

Firm/Company

100 Park Avenue, Suite 1500

Address

New York, NY 10017

City, State and Zip Code

will@capcovalue.com

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

For further information concerning this matter, please call:

Ernest E. Badway

Name of Contact Person

at

(212)

878-7900

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**

FILED

10 DEC -9 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Capco Partners Qualified Fund, 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. 101 E. Kennedy Blvd., Suite 1160, Tampa, FL 33602

(Street address of initial designated office)

3. William H. Harrell, Jr.

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Suite 1160, Tampa, FL 33602

(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.*



Signature of Registered Agent

6. 101 E. Kennedy Blvd., Suite 1160, Tampa, FL 33602

(Mailing address of initial designated office)

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:

Capco Asset Management, LLC

101 E. Kennedy Blvd., Suite 1160

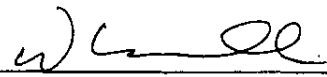
Tampa, FL 33602

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 3 day of December, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Managing member Capco Asset Management, LLC

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**