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COVER LETTER

TO:	Registration Secti Division of Corpo						
SUBJ	ECT•	DOZA INVES	STME	ENTS	OFS, L	P.	
5010		of Plorida Limited Par	tnership	or Limit	ed Liabilit	y Limited Partn	ership
The enclosed Certificate of Limited Partnership and fees are submitted for filing.							
Please	return all correspo	ndence concerning	g this n	natter to	:		,
Thon	nas A. Amendol				_		
		ontact Person					
Doza	Investments, LLC	/					
		m/Company					
1415 Panther Lane, Suite 310							
		Address					
Naples, FL 34109							
	•	ate and Zip Code	~	بسدار			la
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Th	nomas A. Amen	dola	at (239	չ 593	-6114	
	Name of Contact Pers	on			_/	ne Telephone N	lumber
Enclose	ed is a check for the	e following amoun	ıt:				
LJ (\$965	Filing Fee and a	1,008.75 Filing Pees nd Certificate of tatus)52.50 Fi) Certified		\$1,061.25 F Certified Co Certificate of	opy, and
STREE	ET ADDRESS:			MAII	JING AI	DDRESS:	
Registr	ation Section			Regist	ration S	ection	
	n of Corporations					rporations	
	Building xecutive Center Cir	rola			Box 632		
	ssee, FL 32301	VIC		រ ងររង្ស	assee, P	L 32314	
CR2E03	0 (01/06)						

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

1	DOZA INVESTMENTS OFS, L.P.
Acceptal	ame of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) ble Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. ble Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. c.
2	1415 Panther Lane, Suite 310
	(Street address of initial designated office)
	Naples, FL 34109
3	Thomas A. Amendola
-	(Name of Registered Agent for Service of Process)
4	1415 Panther Lane, Suite 310
4	(Florida street address for Registered Agent)
	Naples, FL 34109
comply w	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, a familiar with and accept the obligations of my position as registered agent.
	Signature of Registered Agent
6	1415 Panther Lane, Suite 310
	(Mailing address of initial designated office)
	Naples, FL 34109

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

Name and business address of ean Name:	ach general partner: Business Address:
Thomas A. Amendola	1415 Panther Lane, Suite 310
	Naples, FL 34109
9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the document is State.)
Signed thisday o	of January , 2011 .
stated herein are true. I/We am/are a	We submit this document and affirm that the facts aware that any false information submitted in a te constitutes a third degree felony as provided for in
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2