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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
CANUS CAPITAL, LLLP

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

RECEIVED
11 MAY -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY -4 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help B. BOSTICK

MAY - 5 2011

EXAMINER

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

1. Canus Capital, LLLP

(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. 9156 Estero River Circle

(Street address of initial designated office)

Estero, FL 33928

3. Cohen & Grigsby, P.C.

(Name of Registered Agent for Service of Process)

4. 27200 Riverview Center Blvd., Suite 309

(Florida street address for Registered Agent)

Bonita Springs, FL 34134

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.

Cohen & Grigsby, P.C.

By: Hugh W. Nevin, Jr.

Signature of Registered Agent

6. 9156 Estero River Circle

(Mailing address of initial designated office)

Estero, FL 33928

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

☒

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TALLAHASSEE
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8. Name and business address of each general partner:

Name:Business Address:

Canus Capital GP, LLC

9156 Estero River Circle

Estero, FL 33928

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 3rd day of May, 2011

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.

Canus Capital GP, LLC

By: 

James C. Stewart,

authorized member and President

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

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Canus Capital GP, LLC
9156 Estero River Circle
Estero, FL 33928

May 3, 2011

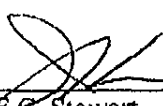
To:
Secretary of State of Florida

Re: Canus Capital, LLLP

Consent is hereby given from Canus Capital GP, LLC to Canus Capital, LLLP for use of the name **Canus Capital, LLLP** for the purpose of forming a Florida limited liability limited partnership under such name.

Very truly yours,

Canus Capital GP, LLC

By: 
Name: James F.C. Stewart
Title: Authorized Member and President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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