

A11000000816

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002659173)))

A11-816



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Submitted 11/8, see attached confirmation!

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

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000409.156909

**File Second*
- after GP has been filed.*

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
COCONUT PALM CAPITAL INVESTORS V, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV -8 PM 1:34

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N. CAUSSEAU

NOV 9 2011

EXAMINER

RECEIVED
11 NOV -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Verified confirmation sent 11/8/11 9:50

Katie Wonsch

From: noreply@nrai.com
Sent: Tuesday, November 08, 2011 9:50 AM
To: Katie Wonsch
Subject: FaxFinder Fax Notification: Successfully sent fax to 6176383



Attachments: fax_outbound_6176383_20111108_094942_00000242-0000.pdf



fax_outbound_617
6383_20111108_...

Create Time: 11/08/2011 09:47:13 AM -0500
 Schedule Time: 11/08/2011 09:49:42 AM -0500
 State: sent
 Schedule Message: Successfully sent fax
 Hangup code: 0
 Try #: 1
 Username: kwonsch
 Sender name: Katie Wonsch
 Sender email: kwonsch@nrai.com
 Sender phone: 850-222-1173
 Sender fax: 850-224-1640
 Sender org: NRAI
 Subject:
 Max tries: 3
 Try interval: 300
 Priority: 3
 Pages: 3
 Recipient fax: 6176383
 Recipient phone:
 Recipient name: FL Dept. of State
 Recipient org:
 Use cover page: false
 Receipt: always

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

COCONUT PALM CAPITAL INVESTORS V, LTD.

*(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. 1200 North Federal Highway, Suite 200
(Street address of initial designated office)
Boca Raton, Florida 33432

3. NRAI Services, inc.
(Name of Registered Agent for Service of Process)

4. 515 East Park Avenue
(Florida street address for Registered Agent)
Tallahassee, Florida 32301

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.*

Katie Wonsch, Asst. Sec.
Signature of Registered Agent

6. 1200 North Federal Highway, Suite 200
(Mailing address of initial designated office)
Boca Raton, Florida 33432

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:

Coconut Palm Capital Investors V, Inc.

1200 North Federal Highway, Suite 200

PH-97090

Boca Raton, Florida 33432

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 7 day of November, 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.

Coconut Palm Capital Investors V, Inc., General Partner

By: [Signature]
Richard C. Roach, Chief Executive Officer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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