

A 11000000 986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

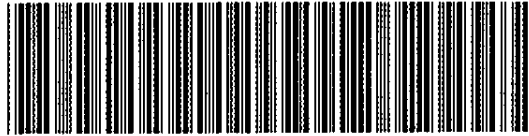
(Document Number)

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DEC 30 2011
EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC 29 PM 1:45
TO: DIRECTOR
OF CORPORATIONS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 8:41



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 042658 4313323

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$1000.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 8:41

ORDER DATE : December 29, 2011

ORDER TIME : 11:49 AM

ORDER NO. : 042658-005

CUSTOMER NO: 4313323

DOMESTIC FILING

NAME: GENERATIONS CAPITAL, LIMITED
PARTNERSHIP

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

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

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1. Generations Capital, Limited Partnership

(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. 300 Bic Drive, 2nd Floor

(Street address of initial designated office)

Milford, CT 06461

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

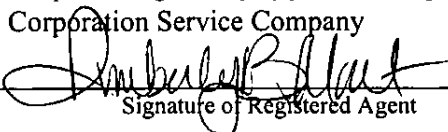
(Florida street address for Registered Agent)

Tallahassee, FL 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.*

Corporation Service Company

By:


Signature of Registered Agent

6. _____

(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:

Jonathan Deluca

300 Bic Drive, 2nd Floor

Milford, CT 06461

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 29th day of December, 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75