

A/2000000246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

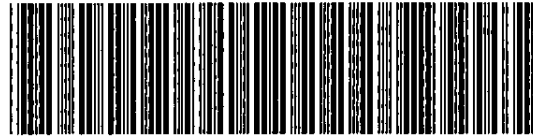
Special Instructions to Filing Officer:

A. LUNT

MAY -2 2011

EXAMINER

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2012 APR 27 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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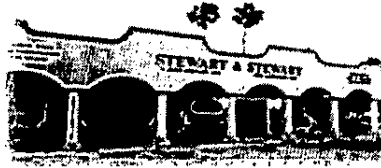
# LAW OFFICE OF STEWART & STEWART

5435 Main Street, New Port Richey, FL 34652

Office: (727) 847-1115

Tax ID: 59-2332972

*N. John Stewart, Jr., Esq.*



Fax: (727) 847-1219

[njstewart@stewartandstewartlaw.com](mailto:njstewart@stewartandstewartlaw.com)

ATTORNEYS AT LAW

April 24, 2012

FILED  
2012 APR 27 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Capital Property Investment Group, LLLP

Dear Sirs/Ladies:

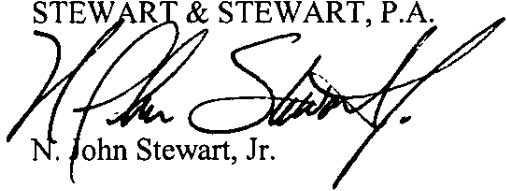
Enclosed please find the Certificate of Limited Partnership for Limited Liability Limited Partnership together with my check in the amount of \$1,061.25 made payable to the Florida Department of State for filing with the State.

Please forward a certified copy and a certificate of status to the undersigned at your first opportunity.

If you have any questions, please do not hesitate to contact my office.

Very cordially yours,

STEWART & STEWART, P.A.

  
N. John Stewart, Jr.

NJS/jv  
Encls.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPITAL PROPERTY INVESTMENT GROUP, LLLP

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:

N. John Stewart, Jr., Esq.

Contact Person

Stewart & Stewart, P.A.

Firm/Company

5435 Main Street

Address

New Port Richey, FL 34652

City, State and Zip Code

njstewart@stewartandstewartlaw.com

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

2012 APR 27 PM 1:13  
OFFICE OF THE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

For further information concerning this matter, please call:

N. John Stewart, Jr.

Name of Contact Person

at ( 727 ) 847-1115

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

1. Capital Property Investment Group, 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. 8415 Sunnydale Drive

(Street address of initial designated office)

Hudson, FL 34667

3. N. John Stewart, Jr., Esq.

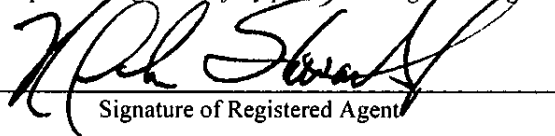
(Name of Registered Agent for Service of Process)

4. 5435 Main Street

(Florida street address for Registered Agent)

New Port Richey, FL 34652

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. 5435 Main Street

(Mailing address of initial designated office)

New Port Richey, FL 34652

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

2012 APR 27 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

8. Name and business address of each general partner:

Name:

Business Address:

Michael Jung

8415 Sunnydale Drive

Hudson, FL 34667

2012 APR 27 AM 10:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 23<sup>rd</sup> day of April, 2012

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.

\* Michael Jung

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**