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SECRETARY OF STATE
ALL AHASSEF FLORIDA

FEB 0 8 2012 D. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: VB Azalea, L		
	Name of Florida Limited Pa	Partnership or Limited Liability Limited Partnership	
The e	nclosed Certificate of Limited Partne	ership and fees are submitted for filing.	
Please	e return all correspondence concernin	ng this matter to:	
	Bruce D. Barkett		
	Contact Person		
	Collins, Brown, Caldwell		
	Firm/Company		
	756 Beachland Blvd.		
	Address		
	Vero Beach, FL 32963	•	
	City, State and Zip Code	D _(r)	29 13
	mckinley@kingston.net	i C) _	┰┐ """
E	-mail address: (to be used for future annual	report notification)	70 ===
For fu	orther information concerning this ma	natter, please call:	-7 PH
B	ruce D. Barkett	at (772) 231-4343	
	Name of Contact Person	Area Code and Daytime Telephone Number)	ນ .າ ້
Enclo	sed is a check for the following amou	ىرى (الله الله الله الله الله الله الله ال	N
└ (\$9	000.00 Filing Fees X \$1,008.75 Filing Fees 65 Filing Fee and and Certificate of Registered Agent Status	es \$\int_{\}^{\}1,052.50\$ Filing Fees and Certified Copy Certificate Of Status	
Regis Divisi Clifto 2661	EET ADDRESS: tration Section ion of Corporations n Building Executive Center Circle hassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CR2E030 (01/06)

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

1VB Azalea, LLLP	<u> </u>	
Acceptable Limited Partnership suffixes: Lin	d Liability Limited Partnership, which must include suffix) mited Partnership, Limited, L.P., LP, or Ltd. sship suffixes: Limited Liability Limited Partnership, L.L.L.P.	
2. 1035 Olde Doubloon Dri	ive, Vero Beach, FL 32963	_
(Street addre	ess of initial designated office)	-
3. Bruce D. Barkett		-
	tered Agent for Service of Process)	2013 2013
4. 756 Beachland Blyd., Ve	ero Beach, FL 32963	J
	et address for Registered Agent)	β- 7
comply with the provisions of all statutes rela and I am familiar with and accept the obligat	tered agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my dulies, tions of my position as registered agent.	PM 12: 55
Signat	ture of Registered Agent	
	ve, Vero Beach, FL 32963 ress of initial designated office)	-
	a limited liability limited partnership, check box X	-

8. Name and business address of each general partner: Name: **Business Address:** VB Azalea Holdings, LLC 1035 Olde Doubloon Drive Vero Beach, FL 32963 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 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 pepartment of State constitutes a third degree felony as provided for in s.817.15 Managing Member of VB Azalea Holdings, LLC Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Page 2 of 2