

A140000000042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

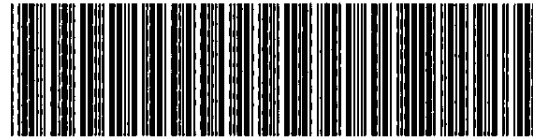
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400255280154

01/15/14--01021--012 **1008.75

FILED
2014 JAN 16 PM 3:00
CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 22 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEARSDEN PARTNERS, L.P.
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:

ADAM TOZSER
Contact Person

EMORY CAPITAL MANAGEMENT
Firm/Company

1532 ROSEWOOD ST.
Address

CLEARWATER, FL 33755
City, State and Zip Code

adam@emorycap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM TOZSER at (727) 712-3774
Name of Contact Person 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

CR2E030 (01/06)

2014 JAN 16 PM 3:00

FILED

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

1. BEARSDEN PARTNERS, L.P.

(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. 1532 ROSEWOOD ST.
(Street address of initial designated office)


CLEARWATER, FL 33755

3. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

4. 1201 HAYS ST.
(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.


Signature of Registered Agent

6. SAME
(Mailing address of initial designated office)

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

2014 JAN 16 PM 3:01

FILED

STATE OF FLORIDA
TALLAHASSEE

8. Name and business address of each general partner:

Name:

Business Address:

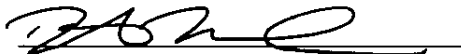
EMORY CAPITAL MANAGEMENT, LLC 1532 ROSEWOOD ST.
CLEARWATER, FL 33755
M00000001911

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 filed by the Florida Department of State.)

Signed this 9 day of JANUARY, 2014.

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:

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

FILED
2014 JAN 16 PM 3:01
FLORIDA
DEPARTMENT OF STATE