A14000000413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. Burch AUG 13 2014.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloud B737QC 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:

Linda Manfre
Contact Person

Magellan Group Investments LLC
Firm/Company

11 S Swinton Avenue
Address

Delray Beach, FL 33444
City, State and Zip Code

linda.manfre@magellangroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Manfre at (561) 266-0845 X117
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)

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

1. Cloud B737QC 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. 11 S Swinton Avenue
(Street address of initial designated office)

Delray Beach, FL 33444

3. Linda Manfre
(Name of Registered Agent for Service of Process)

4. 11 S Swinton Avenue
(Florida street address for Registered Agent)

Delray Beach, FL 33444

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TALLAHASSEE, FLORIDA

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.*

Linda Manfre
Signature of Registered Agent

6. 11 S Swinton Avenue
(Mailing address of initial designated office)

Delray Beach, FL 33444

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:
Cloud Investments LLLP	11 S Swinton Avenue Delray Beach, FL 33444
Cloud Holding LLC	11 S Swinton Avenue Delray Beach, FL 33444

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TALLAHASSEE, FLORIDA

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 7th day of August, 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.

Robert G. Fessler on behalf of Cloud Holding LLC

Declan Treacy on behalf of Cloud Investments LLLP

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**