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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

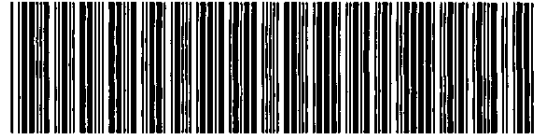
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 18 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VC2 Ventures, 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:

John J. Palmeri, Esq.

Contact Person

John J. Palmeri, Attorney at Law, LLC

Firm/Company

515 Highland Avenue, P.O. Box 297

Address

Cheshire, CT 06410

City, State and Zip Code

VC2Ventures@palmerilaw.com

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

For further information concerning this matter, please call:

John J. Palmeri, Esq.

Name of Contact Person

at (203) 699-9132

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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. VC2 Ventures, 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. 17058 Passage North, Jonathan's Landing

(Street address of initial designated office)

Jupiter, Florida 33477

3. Vincent R. DiPentima

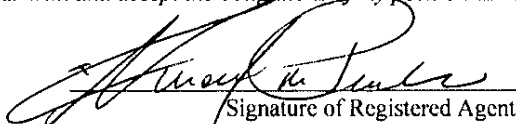
(Name of Registered Agent for Service of Process)

4. 17058 Passage North, Jonathan's Landing

(Florida street address for Registered Agent)

Jupiter, Florida 33477

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. 17058 Passage North, Jonathan's Landing

(Mailing address of initial designated office)

Jupiter, Florida 33477

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:

Vincent R. DiPentima, Trustee of the Trust f/b/o Christian DiPentima

17058 Passage North, Jonathan's Landing

Jupiter, Florida 33477

Christian DiPentima

40 R Summit Drive

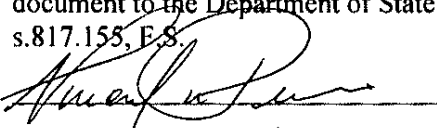
Durham, CT 06422

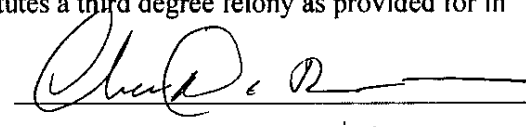
9. Effective date, if other than the date of filing: _____

(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 14th day of July, 2016.

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.


VINCENT R. DIPENTIMA
TRUSTEE


CHRISTIAN DIPENTIMA

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA

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