

A18000000367

(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



800317706728

FILED  
18 SEP -4 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
18 SEP -4 PM 1:39

C. SIMMONS  
SEP 17 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 361979-4319660

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : August 24, 2018

ORDER TIME : 1:28 PM

ORDER NO. : 361979-005

CUSTOMER NO: 4319660

DOMESTIC FILING

NAME: CANERGY INVESTMENT FUND I, LLLP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. CANERGY INVESTMENT FUND I, 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. 401 S. County Road

(Street address of initial designated office)

Palm Beach, FL 33480

3. Michael Morrell

(Name of Registered Agent for Service of Process)

4. 401 S. County Road

(Florida street address for Registered Agent)

Palm Beach, FL 33480

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.*



Michael Morrell Signature of Registered Agent

6. 401 S. County Road

(Mailing address of initial designated office)

Palm Beach, FL 33480

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:

Canergy Capital, LLC

401 S. County Road

Palm Beach, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
18 SEP -4 AM 9:09  
CLERK OF COURT  
STATE OF 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 23rd day of August, 2018.

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.

\_\_\_\_\_

CANERGY CAPITAL, LLC

\_\_\_\_\_

BY:



Michael Morrell, Authorized Member

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**