

A19000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

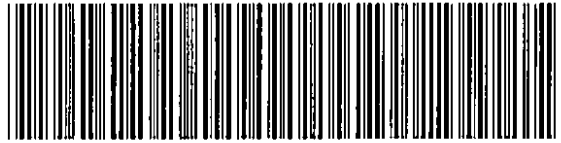
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 SEP 25 PM 2:13

19 SEP 25 PM 11:40

SEP 25 2019
FALLS CHURCH, VA
FALLS CHURCH, VA

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K. SALY
SEP 26 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/25/2019

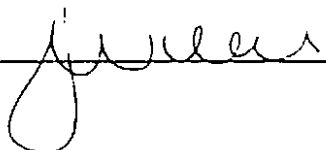
Name: Joy Weaver

Reference #: 1133905

Entity Name: CRESCENT VALLEY CAPITAL, LLLP

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF FILING EVIDENCE.

Authorized Amount: 1,052.50

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 10TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN: ENGLAND & WALES
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRESCENT VALLEY CAPITAL, 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:

ROBERT T. NAPIER

Contact Person

HARRISON & HELD, LLP

Firm/Company

801 LAUREL OAK DRIVE, SUITE 403

Address

NAPLES, FLORIDA 34108

City, State and Zip Code

RNAPIER@NAPIER.COM

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

For further information concerning this matter, please call:

ROBERT T. NAPIER

at (239) 330-4345

Name of Contact Person

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

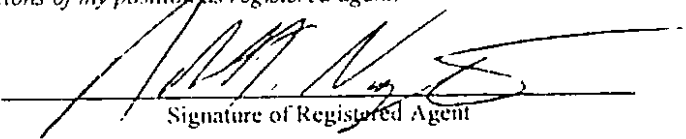
MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

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

FILED
19 SEP 25 PM 11:40
CLERK OF CIRCUIT COURT
NAPLES, FLORIDA

1. CRESCENT VALLEY CAPITAL, 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. 801 LAUREL OAK DRIVE, SUITE 403
(Street address of initial designated office)
NAPLES, FLORIDA 34108
3. ROBERT T. NAPIER
(Name of Registered Agent for Service of Process)
4. 801 LAUREL OAK DRIVE, SUITE 403
(Florida street address for Registered Agent)
NAPLES, FLORIDA 34108
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. 801 LAUREL OAK DRIVE, SUITE 403
(Mailing address of initial designated office)
NAPLES, FLORIDA 34108
7. If limited partnership elects to be a limited liability limited partnership, check box ☒.

FILED
19 SEP 25 PM 11:46
FBI - ALBUQUERQUE

Business Address:

801 LAUREL OAK DRIVE, SUITE 403

NAPLES, FLORIDA 34108

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of SEPTEMBER, 2019

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.

[Handwritten signature]

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