Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003151963)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON

Account Number : 076376001555

Phone : (803)255-9617

Fax Number

: (561)483-7321

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

KERA.DRAETTA@NELSONMULLINS.COM Email Address:_

FLORIDA/FOREIGN LP/LLLP RSEK VENTURES, LLLP

AND THE PERSON ASSESSMENT ASSESSM	
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

Help

Electronic Filing Menu Corporate Filing Menu

1,1

H200003151963

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

me of Limited Partnership or Limited Liability tnership suffixes: Limited Partnership, Limited ixes: Limited Liability Limited Partnership, L.	Limited Partnership, which must include suffix) A I, L.P., LP, or Ltd. Acceptable Limited Liability L L.L.P. or LLLP.	eveptable Limited imited Partnership
15491 Estancia Lane		
(Street a	ddress of initial designated office)	
Wellington, FL 33414		
Capitol Corporate Services, Inc.		
(Name of Re	egistered Agent for Service of Process)	
515 E. Park Avenue, Floor 2		
(Florida	street address for Registered Agent)	
Tallahassee, FL 32301		
I hereby accept the appointment as regist high provisions of all statutes relative to the and accept the obligations of my position. Lim. Talloh	ered agent and agree to act in this capacity, the proper and complete performance of my on as registered agent. Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	I further agree to comp duties, aftd I amfamilian
S	ignature of Registered Agent	a light of the second
15491 Estancia Lane		***
(Mailing	address of initial designated office)	I.m.
Wellington, FL 33414		. 3

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

Page 1 of 2

H200003151963

Name and business address of each Name:	h general partner: Business Address:		
RSEK GP, LLC	15491 Estancia Lan	15491 Estancia Lane	
	Wellington, FL 334	1	
. -	. <u> </u>		
			
	·····		
	CCI		
9. Effective date, if other than the da (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this bloc this date will not be listed as the doct	r more than 90 days after the k does not meet the applica	ble statutory filing requirements,	
Signed this			
Signature of each general partner: I/V herein are true. I/We am/are aware the Department of State constitutes a third RSEK GP, LLC	We submit this document ar nat any false information su	nd affirm that the facts stated bmitted in a document to the	
	Randali J. Hogan, I	Manager	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee ar \$52.50 \$8.75	nd \$35 Registered Agent Fee)	