

A 23000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

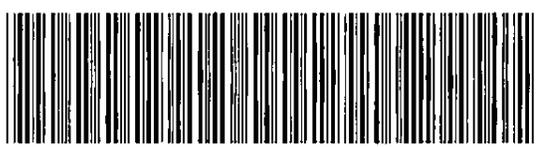
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S8111 LTD.

Please Debit FCA000000003 For: CHECK

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____



Signature

Requested by: SETH

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| Name | Date | Time |

| | |
|---------------|--------------------|
| Walk-In _____ | Will Pick Up _____ |
|---------------|--------------------|

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S8111 Ltd
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:

ANDREA MURPHY SNOWDEN
Contact Person
THE LAW OFFICE OF PAUL A. KRASKER, P.A.
Firm/Company
1615 FORUM PLACE, 5TH FLOOR
Address
WEST PALM BEACH, FLORIDA 33410
City, State and Zip Code
AMURPHY@KRASKERLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA MURPHY SNOWDEN at (561) 515-4722
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

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

1. S8111 Ltd
(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. 804 Harbour Isles Place
(Street address of initial designated office)
North Palm Beach, FL 33410

3. The Law Office of Paul A. Krasker, P.A.
(Name of Registered Agent for Service of Process)

4. 1615 Forum Place, 5th Floor
(Florida street address for Registered Agent)
West Palm Beach, FL 33401

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. 804 Harbour Isles Place
(Mailing address of initial designated office)
North Palm Beach, FL 33410

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

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