

A9900000/089

Louanne S. Love, Esq.
Requestor's Name

28050 U.S. Hwy. 19 N, Ste 205
Address

Clearwater, FL 33761
City/State/Zip

(727) 723-2872
Phone #

000002922730--3
-07/02/99--01093--010
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. VTL #1, Ltd. 6/29
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

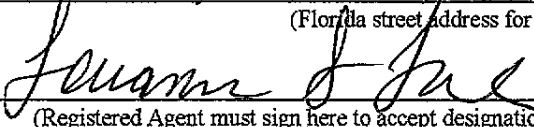
REGISTRATION/ QUALIFICATION		Name Availability MJH
<input type="checkbox"/>	Foreign	Document Examiner
<input type="checkbox"/>	Limited Partnership	Updater
<input type="checkbox"/>	Reinstatement	Updater Verifier
<input type="checkbox"/>	Trademark	Acknowledgement
<input type="checkbox"/>	Other	P. Verifier

Judith GAVE
AUTHORIZATION BY PHONE TO
CORRECT Affidavit
DATE 7-7-99
DOC. EXAM MJH
(1/95)

Examiner's Initials

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 29 PM 1:56

CERTIFICATE OF LIMITED PARTNERSHIP

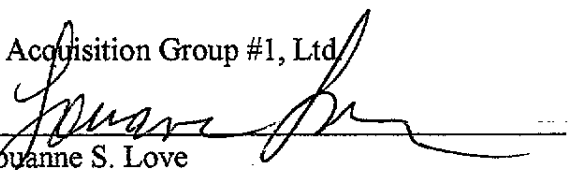
1. VTL #1, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761
(Business address of Limited Partnership)
3. Louanne S. Love
(Name of Registered Agent for Service of Process)
4. 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12-31-2030
8. Name(s) of general partner(s):
Viking Acquisition Group #1, Inc.
899 - 40731
- Street address:
28050 U.S. Hwy 19 N., Suite 205
Clearwater, Florida 33761

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 22nd day of June, 19 99.

Signature of all general partners:

Viking Acquisition Group #1, Ltd.

By: 
Louanne S. Love
Its: President

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of VTL #1, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100.00.

Signed this 22 day of June, 1999.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Viking Acquisition Group #1, Inc.

By: 

Louanne S. Love, President