

BU40000004 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

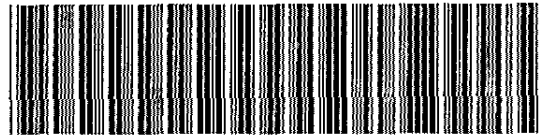
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04 OCT 27 AM 10:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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04 OCT 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BL*



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October 27, 2004

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Vision 7 Communications Limited Partnership, LLLP

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

**FILED**  
OCT 27 PM 3:53  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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

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

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

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Vision 7 Communications Limited Partnership, LLLP  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware  
(State of Formation)


4. August 6, 2004  
(Date of Formation)

5. Jeff M. Novatt, Esq.  
(Name of Registered Agent for Service of Process)

6. 821 Fifth Avenue South, Suite 201  
(Street Address of Registered Office)

Naples, Florida 34102  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

  
(Agent must sign on this line)

8. 9 East Loockerman Street, Suite 1B  
Dover, Delaware 19901  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Seib Management Systems, LLC 700 Columbia Street N.W., Port Charlotte, FL 33948

MO4000003890

10. 700 Columbia Street N.W., Port Charlotte, Florida 33948  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

12. 700 Columbia Street N.W., Port Charlotte, Florida 33948

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4 day of Oct, 2004

SEIB MANAGEMENT SYSTEMS, LLC, General Partner

By: William V. Bies  
William V. Bies, Manager

STATE OF FLORIDA

COUNTY OF COLLIER

On this 4 day of Oct, 2004

WILLIAM V. BIES, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Rachel Miller  
(Notary Public Signature)

\_\_\_\_\_  
(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared SEIB MANAGEMENT SYSTEMS, LLC  
a general partner of Vision 7 Communications Limited Partnership, LLLP, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000,000,000.00

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 4 day of Oct, 2004.

SEIB MANAGEMENT SYSTEMS, LLC, General Partner

By: William V. Bies  
William V. Bies [REDACTED] Manager

STATE OF FLORIDA

COUNTY OF COLLIER

On this 4 day of Oct, 2004,

WILLIAM V. BIES, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Rachel Miller  
(Notary Public Signature)

(Notary's Printed Name)



Seal My Commission Expires: \_\_\_\_\_