

BOS 000000475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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100058975991

09/22/05--01003--007 \*\*1846.25

FILED  
2005 OCT 31 AM 11:10  
CLERK OF STATE  
TREASURY DEPARTMENT  
HARTFORD, CT 06103

BOS-475  
OK

FF \$ 1785.00  
cc/cus 61.25



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 7, 2005

ARTHUR COHEN  
1694 SABAL PALM DR  
BOCA RATON, FL 33432

SUBJECT: CAMELOT HOLDINGS, LIMITED PARTNERSHIP  
Ref. Number: W05000044971

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 105A00061187

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*ltr, want a refund  
not filing*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 29, 2005

ARTHUR COHEN  
1694 SABAL PALM DR  
BOCA RATON, FL 33432

SUBJECT: CAMELOT HOLDINGS, LIMITED PARTNERSHIP  
Ref. Number: W05000044971

*of*

We have received your document for CAMELOT HOLDINGS, LIMITED PARTNERSHIP and your check(s) totaling \$1846.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 805A00059332

FILED  
OCT 31 AM 11:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 29, 2005

ARTHUR COHEN  
1694 SABAL PALM DR  
BOCA RATON, FL 33432

SUBJECT: CAMELOT HOLDINGS, LIMITED PARTNERSHIP  
Ref. Number: W05000044971

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Tammi Cline  
Document Specialist

Letter Number: 805A00059332

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Camelot Holdings, LP.  
1694 Sabal Palm Drive  
Boca Raton, FL 33432  
561-213-0110

ATTN: TAMMI CLINE  
October 28, 2005

Florida Department of State  
Tallahassee, FL 32314

RE: W05000044971

Dear Secretary of State:

Enclosed is a new application for authorization to do business in the State of Florida by a foreign Limited Partnership.

I decline a refund of the \$1846.25 on deposit and request those funds be applied to the new application.

Sincerely,



Arthur Cohen  
General Partner

2005 OCT 31 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

**COVER LETTER**

*TAMMI CLINE*

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAMELOT HOLDINGS, LIMITED PARTNERSHIP  
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Cohen

(Name of Person)

Camelot Holdings, Limited Partnership

(Firm/Company)

1694 Sabal Palm Drive

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Cohen

(Name of Person)

at ( 561 ) 213-0110

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

2001 OCT 31 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011 1210

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

1. Camelot Holdings, Limited Partnership  
(Name of limited partnership as it is in the home state)

2. Camelot Holdings of Delaware, Limited Partnership  
(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 4. May 26, 1998  
(State of Formation) (Date of Formation)

5. Arthur Cohen  
(Name of Registered Agent for Service of Process)

6. 1694 Sabal Palm Dr  
(Street Address of Registered Office)

Boca Raton, Florida 33432  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:  
  
(Agent must sign on this line)

8. \_\_\_\_\_  
CSC, 2711 Centerville Rd, Wilmington, DE 19808  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Arthur Cohen</u>	<u>1694 Sabal Palm Dr, Boca Raton, FL 33432</u>
_____	_____
_____	_____

10. 1694 Sabal Palm Dr, Boca Raton, FL 33432  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12. Camelot Holdings, LP.

1694 Sabal Palm Dr., Boca Raton, FL 33432

(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 20<sup>th</sup> day of September, 2005.

Arthur Cohen  
General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this \_\_\_\_\_ day of September, 2005.

Arthur Cohen, personally appeared before me,

☒ who is personally known to me

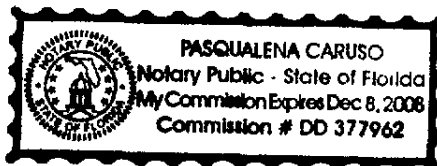
☐ whose identity I proved on the basis of \_\_\_\_\_

Pasqualena Caruso  
(Notary Public Signature)

PASQUALENA CARUSO  
(Notary's Printed Name)

Seal

My Commission Expires: 12/8/08



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

BEFORE ME the undersigned personally appeared Arthur Cohen  
a general partner of Camelot Holdings, LP., 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 \$ 3,600,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,600,000.00.

*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 20<sup>TH</sup> day of September, 2005

  
General Partner

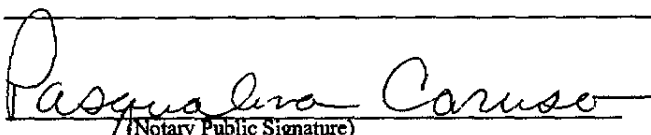
STATE OF Florida

COUNTY OF Palm Beach

On this 20 day of September, 2005,

Arthur Cohen, personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

PASQUALENA CARUSO  
(Notary's Printed Name)

FILED  
2005 OCT 31 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Seal My Commission Expires: 12/8/08

