B06000000393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

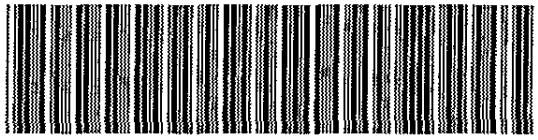
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

eff date (10/3) is prior

Office Use Only

[redacted]



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 PM 4:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAKESPEARE - ONE L. P.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

SCOTT SHAKESPEARE
(Contact Person)

SELF
(Firm/Company)

9998 N SPRINGS WAY
(Address)

CORAL SPRINGS FL 33076
(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT J BOYER CPA at (954) 646-0438
(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 Fee, 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2006

SCOTT SHAKESPEARE
9998 N. SPRINGS WAY
CORAL SPRINGS, FL 33076

SUBJECT: SHAKESPEARE-ONE L.P.
Ref. Number: W06000046633

We have received your document for SHAKESPEARE-ONE L.P. and your check(s) totaling $1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 23, 2006. Please amend your document accordingly.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 406A00063222

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. SHAKESPEARE - ONE ~~L.L.P.~~ Limited Partnership
(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE (State or Country of Formation) 3. 10-3-06 (Date of Formation)

4. SCOTT SHAKESPEARE
(Name of Registered Agent for Service of Process)

5. 9998 N SPRINGS WAY
(Florida street address for Registered Agent)
CORAL SPRINGS FL 33076

6. *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 an accept the obligations of my position as registered agent.*

Signature of Registered Agent

7. 9998 N. SPRINGS WAY
(Principal office address)
CORAL SPRINGS FL 33076

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 9998 N SPRINGS WAY
(Mailing address)
CORAL SPRINGS FL 33076

10. Name, principal office address, and mailing address of each general partner:

SCOTT SHAKESPEARE, PRESIDENT FOR NEDI INC, G.P.
(Name)

9998 N SPRINGS WAY
CORAL SPRINGS FL 33076
(Street Address)

(Mailing Address)
SAME AS ABOVE

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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(Name) (Street Address)

(Mailing Address)

(Name) (Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: 10-25-06

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18 day of OCTOBER ,20 06 .

Signature of a general partner:

, PRESIDENT - NEDI INC, (G.P.)

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHAKESPEARE-ONE LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHAKESPEARE-ONE LIMITED PARTNERSHIP" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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DIVISION OF CORPORATIONS
06 OCT 30 PM 4:35

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AUTHENTICATION: 5155468

DATE: 10-30-06