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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BD7-217
OK

EFFECTIVE DATE
7-15-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2007

JULIANNE CORLEW
8010 WOODLAND CENTER BLVD., SUITE 900
TAMPA, FL 33614

SUBJECT: MAINSAIL FUND, L.P.
Ref. Number: W07000029025

We have received your document for MAINSAIL FUND, L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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: 007A00040631

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mainsail Fund, LP

(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:

Julianne Corlew

(Contact Person)

Mainsail Management Group, Inc.

(Firm/Company)

8010 Woodland Center Blvd. Suite 900

(Address)

Tampa, FL 33614

(City, State and Zip Code)

For further information concerning this matter, please call:

Julianne Corlew

(Name of Contact Person)

at (813) 313-1133

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

| | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Mainsail Fund, L.P.

(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. Georgia

(State or Country of Formation)

3. 12/8/2005

(Date of Formation)

4. Julianne V. Corlew

(Name of Registered Agent for Service of Process)

5. 8010 Woodland Center Blvd. Suite 900 Tampa, FL

(Florida street address for Registered Agent)

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 and accept the obligations of my position as registered agent.



Signature of Registered Agent

7. 8010 Woodland Center Blvd. Suite 900

(Principal office address)

Tampa, FL 33614

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

9. _____
(Mailing address)

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

Mainsail Mgmt Group, Inc.
(Name)

794-8694

8010 Woodland Center Blvd
(Street Address)
Tampa, FL 33614

8010 Woodland Ctr Blvd, Ste 900
(Mailing Address)
Tampa, FL 33614

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: 2/1/2006 7/15/2007

(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 27th day of June, 20 07

Signature of a general partner:

Sphere V. Collier

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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