

BO8000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

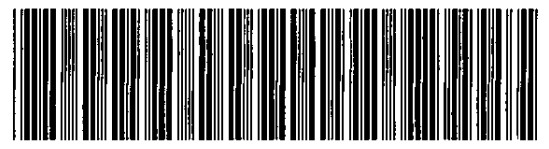
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY 27 2008

EXAMINER



300130076683

05/23/08--01039--009 **1052.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 23 PM 2:17

LAW OFFICES
Reichstein and Lapat
an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

May 13, 2008

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: FLORIDA FOREIGN LIMITED PARTNERSHIP
CPA CAPITAL FUND, LP
Including Certified Copy of L.P.**

\$1,052.50

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$1,052.50** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,


Julie Hancock

jh
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPA CAPITAL 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:

JULIE HANCOCK

(Contact Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Contact Person)

at (**954**) **345-6442**

(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

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

1. CPA CAPITAL FUND, LP

(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. 04-11-08

(Date of Formation)

4. SHANE NORTHROP

(Name of Registered Agent for Service of Process)

5. 13700 SIX MILE CYPRESS PKWY, SUITE 2

(Florida street address for Registered Agent)

FORT MYERS FL 33912

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. 13700 SIX MILE CYPRESS PKWY, SUITE 2

(Principal office address)

FORT MYERS FL 33912

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

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SECRETARY OF STATE
DIVISION OF CORPORATION

9. 13700 SIX MILE CYPRESS PKWY, SUITE 2

(Mailing address)

FORT MYERS FL 33912

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

CPA CAPITAL, LLC

(Name)

13700 SIX MILE CYPRESS PKWY, SUITE 2

(Street Address)

FORT MYERS FL 33912

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

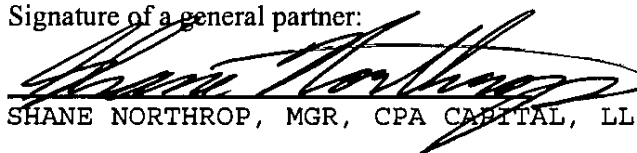
11. Effective date, if other than the date of filing: _____.

(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 19 day of MAY, 2008.

Signature of a general partner:


 SHANE NORTHROP, MGR, CPA CAPITAL, LLC (GP)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPA CAPITAL FUND, LP" 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 THIRTEENTH DAY OF MAY, A.D. 2008.

4533122 8300

080538504



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6586751

DATE: 05-13-08