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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L. SELLERS

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 SEP 11 PM 4:46

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Solutions Diamond 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:

Phillip R. Wood

(Contact Person)

John R. Wood, Inc.

(Firm/Company)

3255 Tamiami Trail North

(Address)

Naples, FL 34103

(City, State and Zip Code)

For further information concerning this matter, please call:

Phillip R. Wood

(Name of Contact Person)

at ( 239 ) 261-6622

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input 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
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**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. New Solutions Diamond 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. February 2, 2005

(Date of Formation)

4. Phillip R. Wood

(Name of Registered Agent for Service of Process)

5. 3255 Tamiami Trail North

(Florida street address for Registered Agent)

Naples, FL 34103

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. 3255 Tamiami Trail North

(Principal office address)

Naples, FL 34103

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:

New Solutions GP, LLC,  
(Name)  
a Florida Limited  
Liability Company

3255 Tamiami Trail North  
(Street Address)  
Naples, FL 34103

3255 Tamiami Trail North  
(Mailing Address)  
Naples, FL 34103

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

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(Mailing Address)

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(Mailing Address)

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(Name)

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(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 27<sup>th</sup> day of August, 20 08

Signature of a general partner:



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW SOLUTIONS DIAMOND 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 JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW SOLUTIONS DIAMOND FUND, LP" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2005.

3920671 8300

080691399

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 6658504

DATE: 06-13-08