

**B09 000000145**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

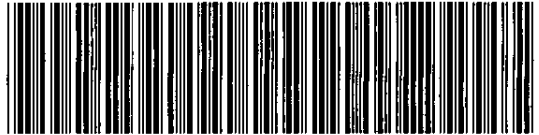
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**900159547059**

10/13/09--01049--018 \*\*1008.75

SECRETARY OF STATE  
TAMM ANASSEE, FLORIDA

2009 OCT 13 PM 12:10

FILED

**T. CLINE**

OCT 14 2009

**EXAMINER**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASSET MANAGEMENT & MITIGATION, 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:

DAVID CAMP  
Contact Person  
ASSET MANAGEMENT & MITIGATION, LP  
Firm/Company  
410-9 S212 BLANDING BLVD  
Address  
ORANGE PARK, FL 32073  
City, State and Zip Code  
CAMPDAVID@ASSETMM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CAMP at ( 904 ) 708-3242  
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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2009 OCT 13 PM 12:10

FILED

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

1. ASSET MANAGEMENT & MITIGATION, 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. WYOMING

State or Country of Formation

3. 23 APRIL 2009

Date of Formation

4. Gwen Warmels

Name of Registered Agent for Service of Process

5. 9176 Sugar Meadow TRL

Florida street address for Registered Agent

Jacksonville, FL 32256

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.

Gwen Warmels

Signature of Registered Agent

7. 410-9 S212 BLANDING BLVD

Principal office address

ORANGE PARK, FL 32073

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:

MOONROCK CAPITAL, INC  
Name  
FO9-1928

2510 WARREN AVE  
Street Address  
CHEYENNE, WYOMING  
82001-4420  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

2009 OCT 13 PM 12:10  
SECRETARY OF STATE  
MAILING ASSISTANT

FILED

_____	_____
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 9TH day of OCTOBER, 2009.

Signature of a general partner:

[Signature] FOR MONROCK CAPITAL INC

<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>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 13 PM 12:10

FILED

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby  
certify that according to the records of this office,

**Asset Management and Mitigation, LP**

is a  
**Limited Partnership**

formed or qualified under the laws of Wyoming did on **April 23, 2009**, comply with all applicable  
requirements of this office. Its period of duration expires 12/31/2070. This entity has been  
assigned entity identification number **2009-000568785**.

This entity is in existence and in good standing in this office and has filed all annual reports  
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has  
not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,  
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming  
on this 9th day of October, 2009 at 9:58 AM. This certificate is assigned 006195321.



  
Secretary of State

2009 OCT 13 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and  
effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the  
Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.