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**Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 10/25

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
Brinkmere Capital Management I, LP**

Certificate of Status	0
Certified Copy	0
Page Count	0504
Estimated Charge	\$1,000.00

ATTN: Barbara
Bostick

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

B. BOSTICK

OCT 29 2012

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

10/25/2012

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

BRINKMERE CAPITAL MANAGEMENT I, 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.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 3. OCTOBER 18, 2012
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 38-4744557

5. Name of Registered Agent for Service of Process and Florida Street Address:

C.T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 32324

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.

Maria Ozaeta
Signature of Registered Agent

Maria Ozaeta
Vice President

7. Principal Office:

ONE INDEPENDENT DRIVE, SUITE 2208

JACKSONVILLE, FLORIDA 32202

8. Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 2208

JACKSONVILLE, FLORIDA 32202

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

10. Name, principal office address, and mailing address of each general partner:
BRINKMERE CAPITAL PARTNERS, LLC

Name of General Partner:

Name of General Partner:

Street Address: ONE INDEPENDENT DRIVE, SUITE 2208

Street Address:

JACKSONVILLE, FLORIDA 32202

Mailing Address: ONE INDEPENDENT DRIVE, SUITE 2208

Mailing Address:

JACKSONVILLE, FLORIDA 32202

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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m12000005506

Page 1 of 3

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing 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 10th day of OCTOBER, 2012 FRANKLIN R. BEARD, JR., SOLE MEMBER,
ON BEHALF OF BRINKMERE CAPITAL
PARTNERS, LLC, ITS GENERAL PARTNER
[Signature]
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fee:	\$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
TALLAHASSEE, FLORIDA

IMANAGE: 2108810v1

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "BRINKMERE CAPITAL MANAGEMENT I, LP" 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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE EIGHTEENTH DAY OF OCTOBER, A.D. 2012, AT 7:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED PARTNERSHIP, "BRINKMERE CAPITAL MANAGEMENT I, LP".

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

5230029 8310

121163394

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9941548

DATE: 10-24-12

12 OCT 25 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



October 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BRINKMERE CAPITAL MANAGEMENT I, LP
REF: W12000054802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H12000257297
Letter Number: 312A00026273

P.O BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA