Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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File 2nd
After

Le Registration

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

FLORIDA/FOREIGN LP/LLLP CIO Intellicenter, Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

AUG 2 4 2015

8/21/2015

COVER LETTER

TO: Registration Sec Division of Com			
SUBJECT: CIO Intellio	enter, Limited Partnership		
Nam	e of Foreign Limited Partn	ership or Limited Liability	Limited Partnership
partnership to transact bu		•	a foreign limited partnership or limited liability limited
	Contact Person		
	Firm/Company		
	Address	<u></u>	
Ci	ty, State and Zip Code		
•	sed for future annual repor	·	
For further information of	oncerning this matter, pleas	se call:	
		_at ()	
Name of Contac	t Person	Area Code and Dayti	me Telephone Number
Enclosed is a check for th	e 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 Ci Taliahassee, FL 32301	ircl e	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

8/21/2015 4:18:21 PM From: To: 8506176383(3/5)

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2015 AUG 21 AM 8: 39

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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

r to transact
e provisions
gations of
-

8/21/2015 4:18:21 PM From: To: 8506176383(4/5)

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2015 AUG 21 AM 8: 39
SECRETARY OF STATE

Name of Genera	il Partner:	Page 1 of 2 Name of General Partner:	TALLAHASSEE, FL
Street Address:		Street Address:	·
Mailing Address	K	Mailing Address:	
l . Effective date, i (Effective date canno	f other than the date of filing:	no date this document is filed by the Floric	la Department of State.)
	tificate of existence duly authenticated, not of State, by the Secretary of State or other of granized.		
	day of August	20 15 o of a general partner	
The individual signi submitted in a docum	ng this document affirm that the fact diated nent to the Department of State constitutes	herein are true and the individual is awar a third degree felony as provided for in s.t	e that false information 317.155, F.S.
C	ertified Copy (optional):	\$1,000.00 (\$965 Filling Fee and \$35 Regist \$52.50 \$8.75	ored Agent Fee)

Page 2 of 2

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIO INTELLICENTER, LIMITED PARTNERSHIP" 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2015.

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

5786659 8300

151202712

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

TION: 2667086

DATE: 08-21-15