

5/25/2016 4:16:20 PM From: 216 850835363 (216)

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (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****

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FLORIDA/FOREIGN LP/LLLP
Victus Capital Ventures LP

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

Electronic Filing Menu

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MAY 26 2016

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5/25/2016 4:16:22 PM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Victus Capital Ventures, 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:

Matthew R. Schroeder, Esq.

Contact Person

Firm/Company

1700 S. MacDill Ave., Ste 200

Address

Tampa, FL 33629

City, State and Zip Code

ibeattie@bretthendee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew R. Schroeder

at (813) 258-1177

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

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

1. Victus Capital Ventures, 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. Nevada

State or Country of Formation

3. 04/07/2000

Date of Formation

4. Federal Employer Identification Number: 88-0460593

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

Brett Hendee, Esq.

1700 S. MacDill Ave., Ste 200

Tampa, FL 33629

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. Principal Office:

406 St. Andrews Drive

Belleair, FL 33756

8. Mailing Address:

1700 S. MacDill Ave., Ste 200

Tampa, FL 33629

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16 MAY 25 PM 3:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Name of General Partner: Victus Capital Holdings, Inc

Name of General Partner: _____

Street Address: 406 St. Andrews Drive

Street Address: _____

Belleair, FL 33756

Mailing Address: 1700 S. MacDill Ave., Ste 200

Mailing Address: _____

Tampa, FL 33629

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

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 24th day of May, 2016


Signature of a general partner president of 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 Fees:	\$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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16 MAY 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VICTUS CAPITAL VENTURES LP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 7, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 25, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160525-0692
You may verify this electronic certificate
online at <http://www.nvsos.gov/>