

B18000000014

(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:

~~W17 102496~~

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18 JAN 18 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 19 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

DARRYL SEELHORST
3300 UNIVERSITY DR STE 311
CORAL SPRINGS, FL 33065

SUBJECT: POINT CLEAR CAPITAL PARTNERS, L.P.
Ref. Number: W17000102496

We have received your document for POINT CLEAR CAPITAL PARTNERS, L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00026429

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JAN 18 2018

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

1. POINT CLEAR CAPITAL PARTNERS, L.P.

(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. 12/06/2017

Date of Formation

4. Federal Employer Identification Number 82-3715044

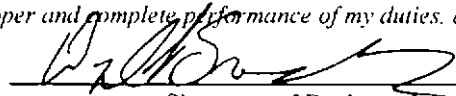
5. Name of Registered Agent for Service of Process and Florida Street Address:

DARRYL SEELHORST

6415 Thomas Drive #505

Panama City, FL 32408

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:

6415 Thomas Drive.#505

Panama City, FL 32408

8. Mailing Address:

6415 Thomas Drive.#505

Panama City, FL 32408

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JANUARY 18 2018
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: Point Clear Capital Management, LLC

Name of General Partner: _____

Street Address: 6415 Thomas Drive.#505

Street Address: _____

Panama City, FL 32408

Mailing Address: 6415 Thomas Drive.#505

Mailing Address: _____

Panama City, FL 32408

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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: JAN 1 2018

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December day of 26, 20 17


Signature of a general partner

The individual signing this document affirms 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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STATE OF FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "POINT CLEAR CAPITAL PARTNERS, L.P." 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 SEVENTH DAY OF DECEMBER, A.D. 2017.

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TALLAHASSEE, FLORIDA



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SR# 20177418683

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203703681

Date: 12-07-17