

A06060000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

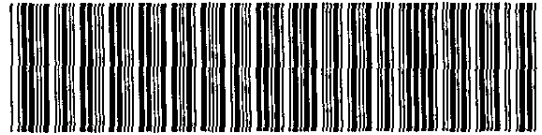
(Document Number)

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FILED
2006 FEB 24 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 FEB 24 AM 11:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 886537 5030952

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 24, 2006

ORDER TIME : 10:17 AM

ORDER NO. : 886537-005

CUSTOMER NO: 5030952

FILED
2006 FEB 24 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: MARLAR HOLDINGS, LTD.

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. MARLAR HOLDINGS, LTD.

(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.

2. One South Ocean Boulevard, Suite 204
(Street address of initial designated office)

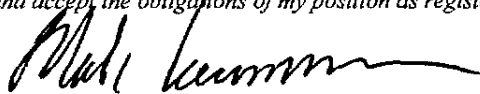
Boca Raton, Florida 33432

3. Mark Issenman
(Name of Registered Agent for Service of Process)

4. 2400 East Las Olas, Suite 195
(Florida street address for Registered Agent)

Fort Lauderdale, Florida 33301

5. *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

6. One South Ocean Boulevard, Suite 204
(Mailing address of initial designated office)

Boca Raton, Florida 33432

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

Mark Issenman

One South Ocean Blvd., #204

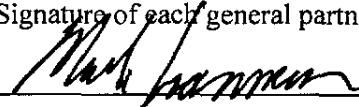
Boca Raton, Florida 33432

9. Effective date, if other than the date of filing: _____

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

Signed this 22nd day of February, 2006

Signature of each general partner:



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75