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(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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B. KOHR
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EXAMINER

DIVISION OF CORPORATIONS

10 JUN 25 PM +: Lib

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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BSS INVESTMENT	rs, lllp		 -	Ŭ,
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			Art of Inc. File	
			LTD Partnership File	
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
			Trade/Service Mark	
			Merger File	
			Art. of Amend. File	
			RA Resignation	
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	_
			Cert. Copy	
			Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	
			Certificate of Fictitious Name	
			Corp Record Search	
			Officer Search	
			Fictitious Search	
Signature		Fictitious Owner Search		
g			Vehicle Search	
		_	Driving Record	
Requested by: SETH	06/25/10	11:00	UCC 1 or 3 File	
Name	Date	Time	UCC 11 Search	
			UCC 11 Retrieval	
Walk-In	Will Pick Up		Courier	

CERTIFICATE OF LIMITED PARTNERSHIP

FOR	-
FLORIDA LIMITED PARTNERSHIP	
OR	
LIMITED LIABILITY LIMITED PARTNERSHIP	
BSS INVESTMENTS, LLLP	

(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. 17539 Boat Club Dr. (Street address of initial designated office) Fort Myers, Florida 33908 Frank J. Aloia, Jr., Esq. (Name of Registered Agent for Service of Process) 2250 First Street (Florida street address for Registered Agent) Fort Myers, Florida 33901 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. e of Registered Agent 17539 Boat\Club □r. (Mailing address of initial designated office) Fort Myers, Florida 33908 7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner: Name: Business Address:			
Sally J. Bohn	17539 Boat Club I	Dr.	
	Fort Myers, Florid	a 33908	
-			
			_
			
		· -	
			—
9. Effective date, if other than the date of filing:	06/01/2010		
(Effective date cannot be prior to nor mor	re than 90 days after the	e date the document is	
filed by the Florida Department of State.)			
Signed this day of	June	<u>,2010</u> .	
Signature of each general partner:		•	
Filing Fees: \$1,0 Certified Copy (optional): \$52.	000.00 (\$965 Filing Fee and	d \$35 Registered Agent Fed	:)
Certificate of Status (optional): \$8.7	<i>'</i> 5		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to file a Florida limited partnership or limited liability limited partnership pursuant to section 620.1201, Florida Statutes. Section 620.1204, Florida Statutes, requires the certificate of limited partnership to be signed by all general partners.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner on the attached certificate of limited partnership must have an active registration or filing on file with the Florida Department of State before the enclosed document can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the certificate of limited partnership is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). A certified copy or certificate of status may be requested at the time of filing. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested. Please send one check for the total amount due made payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Registration Section at (850) 245-6051.