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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

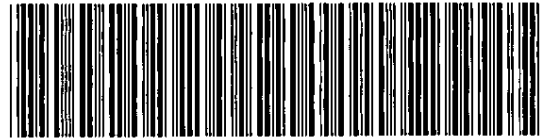
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December 20, 2011

Via Federal Express

PERSONAL AND CONFIDENTIAL

Buck Kohr, Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

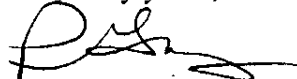
**RE: National Family Opportunity Fund II, LLC
National Family Opportunity Fund II, LLLP**

Dear Buck:

Pursuant to my e-mail communication to you on this date, I have enclosed the checks for filing fees with respect to the above referenced entities. In addition, I have included copies of the documents that were forwarded via e-mail. As soon as I receive the original documents, I will forward them to you by regular mail.

Thanks again for your help. If you should have any questions, please feel free to contact me.

Very truly yours,



Patricia Gonzalez
Paralegal

PAG
Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL FAMILY OPPORTUNITY FUND II, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Judy Matthews Gray
Contact Person

Firm/Company
1000 Clint Moore Road, Suite 110
Address

Boca Raton, FL 33487
City, State and Zip Code

jmatthewsgray@gokenco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Matthews Gray at (561) 997-5760
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 Fees, 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

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

1. National Family Opportunity Fund II, 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.L.P.
or LLLP.

2. 1000 Clint Moore Road, Suite 110
(Street address of initial designated office)

Boca Raton, FL 33487

3. Kenneth M. Endelson
(Name of Registered Agent for Service of Process)

4. 1000 Clint Moore Road, Suite 110
(Florida street address for Registered Agent)

Boca Raton, FL 33487

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. 1000 Clint Moore Road, Suite 110
(Mailing address of initial designated office)

Boca Raton, FL 33487

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:

National Family Opportunity Fund II, LLC

1000 Clint Moore Road, Suite 110

Boca Raton, FL 33487

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 _____ day of _____.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

* *Keith M. Eschler*

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75