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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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: joetaylor@ifgpr.com

RECEIVED
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
IFG Management Resources, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

K. SALY
FEB 12 2020

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2020 FEB 11 AM 9:02
FALLAHASSEE, FLORIDA

February 10th, 2020

IFG MANAGEMENT RESOURCES, LLC
490 Sawgrass Corp. Pkwy, Suite D201
Sunrise, Florida 33325

RE: Letter of Consent

To Whom It May Concern:

I am the current holder of IFG MANAGEMENT RESOURCES, LLC which is currently filed in Florida. I am writing to provide my consent for use of the company name IFG Management Resources, LP in the state of Florida as I feel there will be no direct conflict. Please contact me with any further questions using my contact information I have provided below.

Sincerely,



Joe Taylor
490 Sawgrass Corp, Pkwy, Suite D201
Sunrise, Florida 33325
954-995-8308

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TALLAHASSEE, FLORIDA

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

1. IFG Management Resources, LP

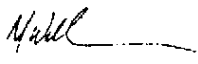
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.

2. 490 Sawgrass Corp, Pkwy Suite D201
(Street address of initial designated office)
Sunrise, Florida 33325

3. Business Filings Incorporated
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 33324

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.

 Mark Williams, AVP, Business Filings Incorporated
Signature of Registered Agent

6. 490 Sawgrass Corp, Pkwy Suite D201
(Mailing address of initial designated office)
Sunrise, Florida 33325

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:


<u>Name:</u>	<u>Business Address:</u>
Joe Taylor	490 Sawgrass Corp, Pkwy Suite D201, Sunrise, Florida 33325

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 10th day of February, 2020.

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.



 Joe Taylor

Filing Fees: \$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75