

B08000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

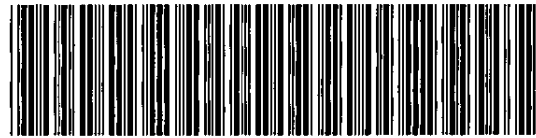
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/08--01021--014 **1000.00

FILED
08 JUL 31 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JUL 31 AM 11: 36
NOT INTENDED
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SUFFICIENCY OF FILING

B. KOHR

JUL 31 2008

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 07-31-08

NAME: KELVIN FUND, LP

TYPE OF FILING: APPLICATION FOR FOREIGN LP

COST: CK FOR \$1,000 ATTACHED

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

**FILED
08 JUL 31 PM 2:19
TALLAHASSEE, FLORIDA**

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

FILED
08 JUL 31 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Kelvingrove Fund, 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.L.P.
or L.LLP.

(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. 07-22-2008

(Date of Formation)

4. Joseph Farley

(Name of Registered Agent for Service of Process)

5. 7334 Tilden Lane

(Florida street address for Registered Agent)

Naples, FL 34108

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.

(See General Partner signature)

Signature of Registered Agent

7. 7334 Tilden Lane

(Principal office address)

Naples, FL 34108

8. If limited partnership is a limited liability limited partnership, check box

9. 7334 Tilden Lane
(Mailing address)

Naples, FL 34108

10. Name, principal office address, and mailing address of each general partner:

Kelvingrove GP, LLC
(Name)

M0800003555

(Name)

(Name)

(Name)

7334 Tilden Lane
(Street Address)
Naples, FL 34108

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)

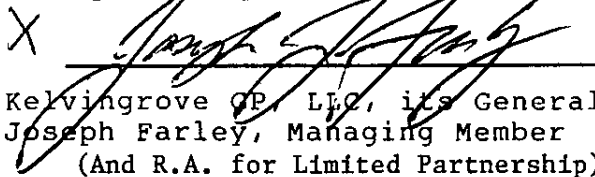
11. Effective date, if other than the date of filing: _____.

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

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 30th day of July, 20 08.

Signature of a general partner:

X 

Kelvingrove GP, LLC, its General Partner
 Joseph Farley, Managing Member
 (And R.A. for Limited Partnership)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELVINGROVE FUND, LP" 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 TWENTY-NINTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELVINGROVE FUND, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4578486 8300

080826583

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6758434

DATE: 07-29-08