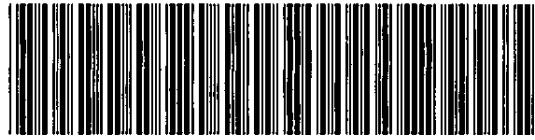


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN -2 PM 4:31

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTWANI INVESTMENTS, 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:

Robert L. Spallina, Esq.

(Contact Person)

Tescher Gutter Chaves et. al.

(Firm/Company)

2101 Corporate Blvd., Suite 107

(Address)

Boca Raton, FL 33433

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert L. Spallina, Esq. at (561) 998-7847

(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

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

1. MOTWANI 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.L.P.
or L.L.L.P.*

2. 2400 E. Las Olas Blvd., #324

(Street address of initial designated office)

Ft. Lauderdale, FL 33301

3. M & W Agents, Inc.

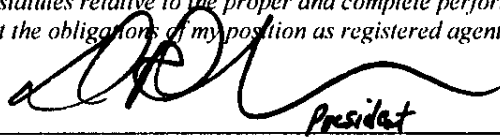
(Name of Registered Agent for Service of Process)

4. 2101 Corporate Blvd., Suite 107

(Florida street address for Registered Agent)

Boca Raton, FL 33431

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.*


President

Signature of Registered Agent

6. 2400 E. Las Olas Blvd., #324

(Mailing address of initial designated office)

Ft. Lauderdale, FL 33301

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:

MOTWANI HOLDINGS, LLC

2400 E. Las Olas Blvd., #324

LDL-47246

Ft. Lauderdale, FL 33301

Multiple horizontal lines for additional partner information.

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 23 day of May, 2006

Signature of each general partner:

MOTWANI HOLDINGS, LLC, General Partner

By: Ramola Motwani, Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 JUN - 2 PM 4: 31

APPROVED
AND
FILED

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