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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Island Girl Inves	tments	LLLP		
(Name of Florida Limited Partne			y Limited Partnership)	
The enclosed Certificate of Limited Pa	rtnership and	d fees are	submitted for filing.	
Please return all correspondence conce	rning this m	atter to:		
Robert L. Spallina, Esq.				_
(Contact Person)				ر 90 م
Tescher Gutter Chaves	et. al.			701
(Firm/Company)				نا
2101 Corporate Blvd. Su	uite 107			
(Address)				ATT
Boca Raton, FL 33431				,
(City, State and Zip Co	ode)			
For further information concerning this	s matter, plea	ase call:		
Robert L. Spallina	at (561	998-7847	
(Name of Contact Person)			and Daytime Telephone Numl	ber)
Enclosed is a check for the following a	mount:			
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)		52.50 Filing rtified Copy		ees,
STREET ADDRESS:		MAILI	NG ADDRESS:	
Registration Section			ation Section	
Division of Corporations			n of Corporations	
Clifton Building		P. O. Bo		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahas	ssee, FL 32314	

CR2E030 (01/06)

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

, Island Girl Investments LLLP

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

2.2101 Corporate Blvd. Suite 107	06 JUL
(Street address of initial designated office)	1
Boca Raton, FL 33431	ယ်
_{3.} M & W Agents, Inc.	E
(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 age comply with the provisions of all statutes relative to the proper and complete performance of my dution and I am familiar with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
_{6.} 2101 Corporate Blvd., Suite 10	
(Mailing address of initial designated office)	
Boca Raton, FL 33431	

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each go Name:	eneral partner: Business Address:
Island Girl Holdings, LLC	2101 Corporate Blvd. Suite 1
#L06000059024	Boca Raton, FL 33431
. ,	
· .	
	•
	06
9. Effective date, if other than the date of filing:_	_
	te than 90 days after the date the document is
Signature of each general partner:	•
Island Girl Holdings, LLC	
K Algman By: Kathy Altman, Manager	
	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.5	

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