

A06000000926

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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071

Office Use Only

W06-26984



500075714385

06/09/06--01022--022 **1061.25

FILED
06 JUL 26 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IH, L.P.

(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:

Monica Sasson

(Contact Person)

c/o Vision Asset Management Inc.

(Firm/Company)

3900 Pembroke Road

(Address)

Hollywood, Florida 33021

(City, State and Zip Code)

For further information concerning this matter, please call:

Monica Sasson

(Name of Contact Person)

at (305) 935 - 6511

(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

CR2E030 (01/06)

FILED
06 JUL 26 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 JUL 26 PM 4:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 13, 2006

C/O VISION ASSET MANAGEMENT INC.
3900 PEMBROKE ROAD
HOLLYWOOD, FL 33021

SUBJECT: IH, L.P.
Ref. Number: W06000026984

*Please return
to CSC. Thanks*

We have received your document for IH, L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 406A00040155

06 JUL 26 AM 9:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 267471 4320744

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
06 JUL 26 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 26, 2006

ORDER TIME : 3:52 PM

ORDER NO. : 267471-005

CUSTOMER NO: 4320744

DOMESTIC FILING

NAME: IHI, L.P.

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman EXT. 2908

EXAMINER'S INITIALS: _____

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

FILED
06 JUL 26 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. IHI, L.P.

(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. C/O Vision Asset Management Inc.
(Street address of initial designated office)

3900 Pembroke Road, Hollywood, Florida 33021

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: 

Signature of Registered Agent

6. c/o Vision Asset Management Inc.
(Mailing address of initial designated office)

3900 Pembroke Road, Hollywood, Florida 33021

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:

Monica Sasson

c/o Vision Asset Management Inc.

3900 Pembroke Road, Hollywood, Florida 33021

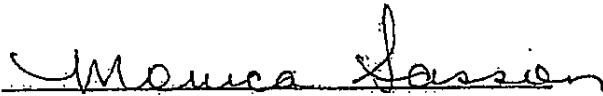
9. Effective date, if other than the date of filing: _____.

(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 26th day of July, 2006.

Signature of each general partner:

Monica Sasson,



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