

A06000001119

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((II06000234594 3)))



H060002345943ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 SEP 22 A 8:33

FILED

RECEIVED

06 SEP 22 PM 1:31

DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

SGL Investments Limited Partnership IV

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

AL

Electronic Filing Menu

Corporate Filing Menu

Help

H06000234594 3

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

1. SGL INVESTMENTS LIMITED PARTNERSHIP IV

(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. 140 Fountain Parkway, Suite 420

(Street address of initial designated office)

St. Petersburg, Florida 33716

3. David L. Koche

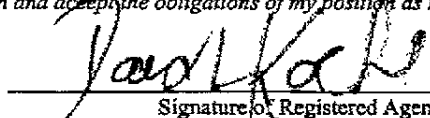
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700

(Florida street address for Registered Agent)

Tampa, Florida 33606

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.


Signature of Registered Agent

6. 140 Fountain Parkway, Suite 420

(Mailing address of initial designated office)

St. Petersburg, Florida 33716

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

2006 SEP 22 A 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H06000234594 3

8. Name and business address of each general partner:

Name:

Business Address:

QCP Ventures, Inc.140 Fountain Parkway, Suite 420St. Petersburg, FL 33716705-1526822006 SEP 22 A 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 22nd day of September, 2006

Signature of each general partner:

QCP Ventures, Inc.By: Stuart G. Lasher, President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

#300847-v1

H06000234594 3