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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

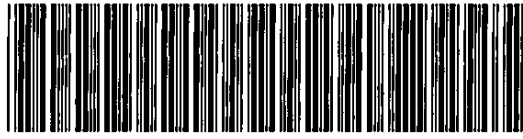
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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~~XXXXXXXXXX~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camp Integrations, L.L.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:

Julia Harper

(Contact Person)

(Firm/Company)

11011 Sheridan Street, Suite 303

(Address)

Cooper City, FL 33026

(City, State and Zip Code)

For further information concerning this matter, please call:

Julia Harper

(Name of Contact Person)

at (954) 438-7935

(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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2007

JULIA HARPER
11011 SHERIDAN STREET, STE. 303
COOPER CITY, FL 33026

SUBJECT: CAMP INTEGRATIONS, L.L.L.P.
Ref. Number: W07000034492

We have received your document for CAMP INTEGRATIONS, L.L.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 effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 707A00045439

Julia Harper, M.S., OTR/L
11011 Sheridan Street
Suite 303
Cooper City, FL 33026

Wednesday, August 08, 2007

Ms. Leslie Sellers
Document Specialists
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: **Camp Integrations. L.L.L.P.**
Ref. #: **W07000034492**

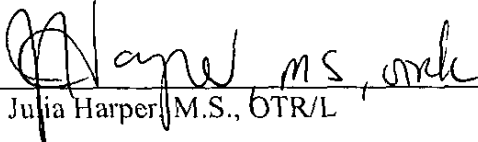
Dear Ms. Sellers,

Thank you so much for your prompt response to our request to register Camp Integrations L.L.L.P.

Enclosed is a corrected application, with the effective date field left blank.

Thank you in advance for all your time and help.

Sincerely,



Julia Harper, M.S., OTR/L

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

1. Camp Integrations, L.L.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. 11011 Sheridan Street, Suite 303

(Street address of initial designated office)

Cooper City, FL 33026

3. Julia Harper

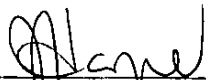
(Name of Registered Agent for Service of Process)

4. 4620 Lupo Lane

(Florida street address for Registered Agent)

Southwest Ranches, FL 33330

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. 11011 Sheridan Street, Suite 303

(Mailing address of initial designated office)

Cooper City, FL 33026

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:

Julia Harper

11011 Sheridan Street, Suite 303

Cooper City, FL 33026

Melissa Tovin

1386 Meadows Boulevard

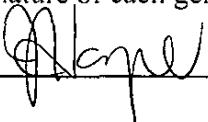
Weston, FL 33327


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 08 day of August, 2007.

Signature of each general partner:





Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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