

A07000000/237

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

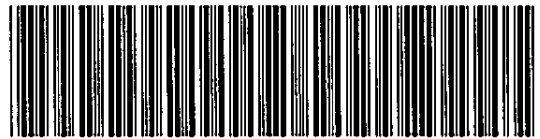
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV - 5 PM 5:00

11/05/07--01002--008 \*\*1362.50

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LP 1000.00  
Cent 52.50

*LAW OFFICES*  
**Reichstein and Lapat**  
an association of individual attorneys

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Coral Springs, Florida 33065  
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Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901(Fax)

*Please Reply to Florida Office*

October 29, 2007

Florida Secretary of State  
Registration Section-Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV -5 PM 5:00

<b>RE: GLOBAL OPTION GROUP, L.P.</b>	<b>\$ 1000.00</b>
<b>Certified Copy L.P.</b>	<b>\$ 52.50</b>
<b>GLOBAL OPTION MANAGEMENT, LLC</b>	<b>\$ 125.00</b>
<b>Certified Copy, LLC</b>	<b>\$ 30.00</b>
<b>GLOBAL OPTION ADVISORS, LLC</b>	<b>\$ 125.00</b>
<b><u>Certified Copy LLC</u></b>	<b><u>\$ 30.00</u></b>
	<b>\$ 1362.50</b>

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$1,362.50** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards, .

  
Julie Hancock

jh  
enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBAL OPTION GROUP, 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:

DAVID F. WILLIAMS

(Contact Person)

GLOBAL OPTION GROUP, L.P.

(Firm/Company)

1726 LAGO VISTA BLVD

(Address)

PALM HARBOR FL 34685

(City, State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

DAVID F. WILLIAMS at ( 727 ) 492-6112

(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

CR2E030 (01/06)

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

1. GLOBAL OPTION GROUP, 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. 1726 LAGO VISTA BLVD

(Street address of initial designated office)

PALM HARBOR FL 34685

3. DAVID F. WILLIAMS

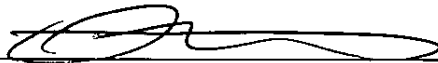
(Name of Registered Agent for Service of Process)

4. 1726 LAGO VISTA BLVD

(Florida street address for Registered Agent)

PALM HARBOR FL 34685

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. 1726 LAGO VISTA BLVD

(Mailing address of initial designated office)

PALM HARBOR FL 34685

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

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DIVISION OF CORPORATIONS  
07 NOV -5 PM 5:00

8. Name and business address of each general partner:

Name:

Business Address:

GLOBAL OPTION MANAGEMENT, LLC

1726 LAGO VISTA BLVD

#L07000112110

PALM HARBOR FL 34685

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07 NOV - 5 PM 5:00

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 1<sup>st</sup> day of NOV, 2007.

Signature of each general partner:



DAVID WILLIAMS,

MANAGER, GLOBAL OPTION MANAGEMENT, LLC

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**