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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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J. BRYAN

NOV 28 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NITHYANANDA INVESTMENT FUND I, 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:

JULIE HANCOCK

(Contact Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City, State and Zip Code)

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For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Contact Person)

at (954) 345-6442

(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. NITHYANANDA INVESTMENT FUND I, 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. 113 N. ECONOLOCKHATCHEE TRAIL

(Street address of initial designated office)

ORLANDO FL 32825

3. RAJESH K. KRISHNAN

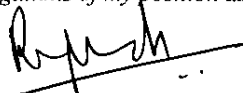
(Name of Registered Agent for Service of Process)

4. 113 N. ECONOLOCKHATCHEE TRAIL

(Florida street address for Registered Agent)

ORLANDO FL 32825

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. 113 N. ECONOLOCKHATCHEE TRAIL

(Mailing address of initial designated office)

ORLANDO FL 32825

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

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8. Name and business address of each general partner:

Name:

#L07000118170

Business Address:

NITHYANANDA CAPITAL MANAGEMENT, LLC

113 N. ECONOLOCKHATCHEE TRAIL

ORLANDO FL 32825

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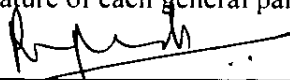
9. Effective date, if other than the date of filing: _____.

(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 21ST day of NOVEMBER, 2007.

Signature of each general partner:

X



RAJESH KRISHNAN, MANAGER

NITHYANANDA CAPITAL MANAGEMENT, LLC, GP

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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