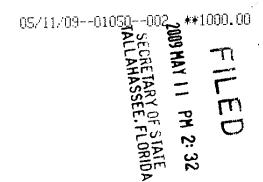
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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500155738555



C. LEWIS

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Isha Hospitality, LLLP	
(Name of Florida Limited Partnership or Limited Liability Limited Par	tnership)
The enclosed Certificate of Limited Partnership and fees are submitted	for filing.
Please return all correspondence concerning this matter to:	
Hasmukh Patel	
(Contact Person)	
(Firm/Company)	
852380 US HWY 17	
(Address)	
YULEE, FL 32097	
(City, State and Zip Code)	
For further information concerning this matter, please call:	
Hasmukh Patel at (904) 206 29	915
(Name of Contact Person) (Area Code and Daytime	Telephone Number)
Enclosed is a check for the following amount:	
(**************************************	1,061.25 Filing Fees, ified Copy, and ificate 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 Tallahassee, FL 32301	on rations

CR2E030 (01/06)

FILED

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR

LIMITED LIABILITY LIMITED PARTNERSHIP

2009 MAY 11 PM 2: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA

I. Isna Hospitality, LLLP	.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, I or LLLP.	
_{2.} 852380 US HWY 17	
(Street address of initial designated office)	
YULEE, FL 32097	
3 Hasmukh Patel	
(Name of Registered Agent for Service of Process)	
_{4.} 852380 US HWY 17	
(Florida street address for Registered Agent)	
Yulee, FL 32097	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duand I am familiar with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
_{6.} 852380 US HWY 17	
(Mailing address of initial designated office)	

Page 1 of 2

FILED

8. Name and business address of each gene Name:	eral partner: Business Address:	2009 MAY 11 PM 2: 32
Hasmukh Patel and Niruben Patel,	852380 US HWY 17	TODETADY OF STATE
as tenants by the entirety	YULEE, FL 32097	TALLAHASSEE, FLORID
Ramanbhai Patel and Kanchanben Patel,	14627 Hadley Court	
as tenants by the entirety	Jacksonville, Florida 3	2218
9. Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date t	he document is
Signed this 06 day of	May 20	009
Signature of each general partner:	N 201	
		
Hasmukh Patel and Niruben Patel, as tend	ants by the entirety	
Toleral Wide		
Barranbhai Patel and Kanchanben Pateling Food		wintered Ament Fee
Filing Fees: \$1,00 Certified Copy (optional): \$52.5	0.00 (\$965 Filing Fee and \$35 Re 0	Ristered Agent Lee)
Certificate of Status (optional): \$8.75		
Pag	ge 2 of 2	