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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

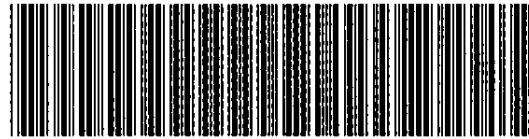
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Certificates of Status _____

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Effective Date 01/01/11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITG Fund II, LLLP
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:

Andrew E. Sanford

Contact Person

ITG Fund Management, Inc.

Firm/Company

13490 Old Livingston Road

Address

Naples, Florida 34109

City, State and Zip Code

asanford@itgholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew E. Sanford

Name of Contact Person

at (239) 514 - 4484

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. ITG Fund II, LLLP

(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.*

Effective Date 01/01/11

2. 13490 Old Livingston Road
(Street address of initial designated office)

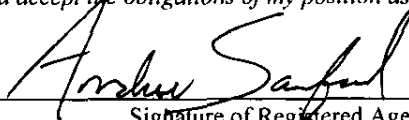
Naples, Florida 34109

3. Andrew E. Sanford
(Name of Registered Agent for Service of Process)

4. 13490 Old Livingston Road
(Florida street address for Registered Agent)

Naples, Florida 34109

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. 13490 Old Livingston Road
(Mailing address of initial designated office)

Naples, Florida 34109

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:

ITG Fund Management, Inc.

13490 Old Livingston Road

#P98000026718

Naples, Florida 34109

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: January 1, 2011

(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 20th day of December, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniel Carter
Daniel Carter, Director of ITG Fund Management, Inc.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75