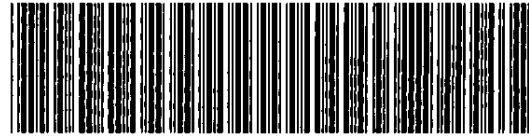


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 16 2011

EXAMINER

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TALLAHASSEE, FLORIDA

KENNEDY & SANTINO, P.L.
ATTORNEYS AT LAW

THE FORUM - TOWER A
1675 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

P. TODD KENNEDY, P.L., LL.M. Taxation †
DANA M. SANTINO, P.L., LL.M. Taxation, Of Counsel *

EARL E. MAYER, JR., Of Counsel **
BENJAMIN S. KENNEDY, JR., P.A., Of Counsel
MARK J. NOWICKI, P.A., Of Counsel † ***

† Board Certified in Taxation
* Also Admitted in New York and the District of Columbia

** Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
To Matters of Federal Tax Law
*** Also Admitted in Colorado and Montana

September 13, 2011

Florida Dept. of State
Attn: Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: GAMA FUND, LTD.

Dear Sir/Madame:

Pursuant to your letter dated August 31, 2011, we herewith return and enclose the Certificate of Limited Partnership with a new entity name selected. Please file this document and thereafter advise us accordingly.

If you have any questions, please do not hesitate to contact us.

Sincerely,
KENNEDY & SANTINO, P.L.

Marian Hodges
Marian Hodges, Legal Assistant to
P. Todd Kennedy

/moh
Encls.

F:\Asarch, Gail\trsltr to Sec of State 9.13.11.wpd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAMA HOLDINGS, LTD.

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:

P. TODD KENNEDY

Contact Person

Kennedy & Santino, P.L.

Firm/Company

1675 Palm Beach Lakes Blvd., Ste 700

Address

West Palm Beach, FL 33401

City, State and Zip Code

kennedy@kennedypllaw.com

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

For further information concerning this matter, please call:

P. Todd Kennedy

at (561)

683.2484

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)

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11 SEP 15 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. GAMA FUND, LTD.

(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. 1601 Belvedere Road, Suite 407S
(Street address of initial designated office)

West Palm Beach, FL 33406

3. Paul Mapes
(Name of Registered Agent for Service of Process)

4. 1601 Belvedere Road, Suite 407S
(Florida street address for Registered Agent)

West Palm Beach, FL 33406

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.*

Paul Mapes
Signature of Registered Agent

6. 1601 Belvedere Road, Suite 407S
(Mailing address of initial designated office)

West Palm Beach, Florida 33406

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Gail Asarch

1601 Belvedere Road, Ste 407S

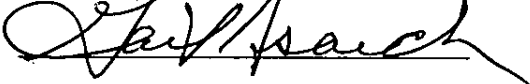
West Palm Beach, FL 33406

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 22nd day of July, 2011.

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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75