

#A/2000000/28

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Division of Corporations

T: 850 617 6381

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Florida Department of State
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From: Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
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February 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEUTTS & BOWEN, LLP

SUBJECT: NORTH AMERICAN FORECLOSURE AND DISTRESSED OPPORTUNITIES FUND II,
LLLLP
REF: W12000011721

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

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

1. North American Foreclosure and Distressed Opportunities 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.

2. 222 West Comstock Avenue

(Street address of initial designated office)

Winter Park, Florida 32789

3. Corporation Company of Miami

(Name of Registered Agent for Service of Process)

4. 201 South Biscayne Boulevard, Suite 1500 (WGM)

(Florida street address for Registered Agent)

Miami, Florida 33131

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.

By: 

Signature of Registered Agent
Cavell J. Anderson, Asst. Secretary

6. 222 West Comstock Avenue

(Mailing address of initial designated office)

Winter Park, Florida 32789

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:

GKA International (North America);

55 King Street - 6th Floor

Limited, LLC

Manchester, M2 4L-Q, UK

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 28 day of February, 2012

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. GKA International (North America) Limited, LLC

By: [Signature]

GEDON MICHAEL KASLO

Filing Fees:

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

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