

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000224363 3)))



H120002243633ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 SEP 11 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA/FOREIGN LP/LLP
NAZGULL FUNDING LLLP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

2 of 2

SEP 13 2012

EXAMINER

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 11 AM 8:44

1. NAZGULL FUNDING LLLP

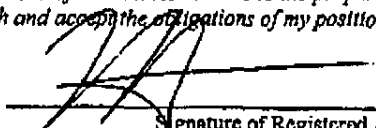
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 2010 LaPorte Drive, Palm Beach Gardens, Florida 33410
(Street address of initial designated office)

3. W.C. Martin
(Name of Registered Agent for Service of Process)

4. 2010 LaPorte Drive, Palm Beach Gardens, Florida 33410
(Florida street address for Registered Agent)

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. 2010 LaPorte Drive, Palm Beach Gardens, Florida 33410
(Mailing address of initial designated office)

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

H12000224363

8. Name and business address of each general partner:

Name:

Business Address:

ISILDOR MANAGEMENT LLC

2010 LaPorte Drive

Palm Beach Gardens, Florida 33410

M12000005110

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 10th day of September, 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.817.135, F.S.

W. Martin, Manager of ISILDOR
MANAGEMENT LLC, a Delaware limited
liability company, General Partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75