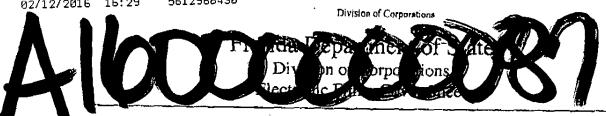
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (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:	

FLORIDA/FOREIGN LP/LLLP Six Little Peaches, LLLP

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Estimated Charge	\$1,008.75		



FEB 15 2016

S. YOUNG

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Corporate Filing Menu

Help

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

1. Six Little Peaches, LLLP			
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffly) 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. 14378 Military Trail, Deiray Beach, Fl. 33484			
(Street address of initial designated office)	-		
3. Michele J. Ostrow	•		
(Name of Registered Agent for Service of Process)	•		
One West Las Olas Blvd., Ste 500 Port Lauderdale, Fl. 33301	_		
(Florida street address for Registered Agent)			
S. 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 abligations of my provision, is registered agent. Signature of Registered Agent		٠. ٠	
6. 14378 Military Trail, Delray Beach, Fl. 33484 (Malling address of initial designated office)	国	ਰ ਹ	
7. If limited partnership elects to be a limited liability limited partnership, check box]		

Name:			Bus	iness Address:			
Trails End Manager, Inc.		Inc.		14378 Militar	ry Trail		
				Delray Beach, Fl., 33484			~
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9. Effective date,	, if other than t	he date of Fili	 18:				- क √
Effective date filed by the Fig	cannot be p orida Depar	rior to nor i Iment of Sta	more than ! te.)	90 days after (h	e date the doc	ument is	EB 11
Signed this	10	day of_	February		2016	ا به از	
stated herein a	re true, I/We le Departme	am/are awant of State of	ere that any constitutes of Trail By:	is document an false informat third degree for End Manager	ion submitted slony as provid	in a 🗎	D 10
			Title: P				•
Filing Fees: Certified Cop Certificate of		: \$		965 Filing Fee an	d \$35 Régist ered	Agent Fee)	-