

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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L. Account Number : 120050000159

: (772)231-4440

Phone Fax Number

: (772) 231-4430

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

FLORIDA/FOREIGN LP/LLLP IR Tennis Group, L.P.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$1,061.25

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJECT: IR Tennis Group, L.P.  Name of Florida Limited Partnership or Limited Liability Limited Partnership						
The er	aclosed Certificate of Limited Partners	hip and fees are	submi	tted for filing.		
Please	return all correspondence concerning	this matter to:				
Anth	ony Randazzo			SEC TALL		
	Contact Person			NOV CRETA LAHAS		
	Firm/Company		-	SSE SSE		
5540 Las Brisas Drive			100 100 100 100 100			
	Address		•	F STA PLOR		
Vero	Beach, FL 32967			TE TE		
	City, State and Zip Code		•			
arandazzo415@comcast.net  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kevi	n M. Barry	<sub>at (</sub> 772	/	-4440		
	Name of Contact Person	Area Code at	id Daytii	me Telephone Number		
Enclo	sed is a check for the following amour	ıt:				
<b>□</b> (\$90	\$1,008.75 Filing Fees 55 Filing Fee and Registered Agent Status	S1,052.50 Fili and Certified		\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status		
Regis Divisi Clifto 2661 Tallah	tration Section ion of Corporations in Building Executive Center Circle hassee, FL 32301	Registi Divisio P. O. E	ration S on of Co Box 632	orporations		
CR2E	030 (01/06)					

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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

1. IR Tennis Group, L.P.	<del></del> ,		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include a Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, or LLLP.	•		
	38. 38.	<b>.</b>	
2, 5540 Las Brisas Drive	CR AR	 	
(Street address of initial designated office)	ES A	_ _	7
Vero Beach, FL 32967	SSE SSE	-2	Γ
3. Anthony Randazzo	OF ST	7	
(Name of Registered Agent for Service of Process)	PRI N	4	
4.5540 Las Brisas Drive	35/11	2	
(Florida street address for Registered Agent)		_	
Vero Beach, FL 32967			
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.  Signature of Registered Agent		a	
6,5540 Las Brisas Drive		_	
(Mailing address of initial designated office)			
Vero Beach, FL 32967		_	
7. If limited partnership elects to be a limited liability limited partnership, check	box		

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<ol><li>Name and business address of each Name:</li></ol>	n general partner: <u>Business Address:</u>
IR Vero Tennis, LLC	5540 Las Brisas Drive
	Vero Beach, FL 32967
<u></u>	TALLAHA
	V -2 PH 2: ARY OF STANA ASSEE, FLORE
9. Effective data if other than the data of fili	ing:
	more than 90 days after the date the document is
Signed this 1st day of	November , 2016 .
stated herein are true. I/We am/are aw	Ve submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
By: Anthony Randazzo, Madlager	tner
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2