

05/24/2017 15:47

(FAX) 845 818 3588

P.001/003

5/24/2017

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
A17000141823

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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/LLP

Ian Elizabeth Investments LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

2017 MAY 24 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Ian Elizabeth Investments LP

(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. 845 SW 17th St

(Street address of initial designated office)

Fort Lauderdale, FL 33315

3. VCorp Services, LLC

(Name of Registered Agent for Service of Process)

4. 5011 South State Road 7, Suite 106

(Florida street address for Registered Agent)

Davie, FL 33314

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

By

6. 845 SW 17th St

(Mailing address of initial designated office)

Fort Lauderdale, FL 33315

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

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8. Name and business address of each general partner:

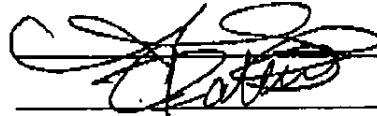
Name:Business Address:Cody Roth845 SW 17th StFort Lauderdale, FL 33315Allison Czap845 SW 17th StFort Lauderdale, FL 33315Visionary Solutions Group LLC845 SW 17th StFort Lauderdale, FL 33315

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 24 day of May, 2017

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.

Allison CzapCody Roth

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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