## ABOOCOURS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800308406828

01/30/18--01020--014 \*\*1000.00

2018 JAN 30 A ID: 32 SECRETARY OF THE



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ganesh Business Group, LLL	Р
<del></del>	r Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnership and	fees are submitted for filing.
Please return all correspondence concerning this ma	itter to:
Mark B, MacLean	
Contact Person	
Mark B. MacLean, Attorney at Law	
Firm/Company	
2033 Flesher Avenue	
Address	<del>-  </del>
Jacksonville, Florida 32207	
City, State and Zip Code	icalion)
MacLeanEsq@aol.com	
E-mail address: (to be used for future annual report notif	icalion)
For further information concerning this matter, plea	se call:
Mark MacLean at (90	4 399-2829
	a Code and Daytime Telephone Number
Enclosed is a check for the following amount:	2 2
	52.50 Filing Fees Certified Copy  S1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tananassee, FL 32314

CR2E030 (01/06)

## TIME

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

, Ganesh Business Group, LLLP	
(Name of Limited Partnership or Limited Liability Limited leaceptable Limited Partnership suffixes: Limited Partnership, Leaceptable Limited Liability Limited Partnership suffixes: Limit	mited, L.P., LP, or Ltd.
2 644 Cesery Blvd., Suite 106	
(Street address of initial designa	ed office)
Jacksonville, Florida 32211	
3. Mark B. MacLean, Esq.	
(Name of Registered Agent for Serv	ice of Process)
4,2033 Flesher Avenue	
(Florida street address for Registe	red Agent)
Jacksonville, Florida 32207	, ,
5. I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligations of my position Signature of Registered A	as registered agent.
(Mailing address of initial design	ated office)
Jacksonville, Florida 32211	
7. If limited partnership elects to be a limited liability	limited partnership, check box

Page 1 of 2

	8. Name and business address of each	-	
	Name:	Business	Address:
1.	PATEL ASSET HOLDINGS, 1	.LC	SHY CESETY RIVER, Suite10
	by Vipal R. Patel		acksonville, Fr. 32211
2.	MSD VENTORES LUC by Ander Arry	48	17 Boat Landing or.
	if Ander Arry	_\$\;	Augustine FL 32092
ے.	Shah of Jax, LLC	1017	5 Fortune Parkway Unit 1003
	by Pathih Shah		sonulle FL 32256
Ъ.	JAJS Managemen	t, uc s	49 E. Kesley Lanc +. Johns, FL 32259
	•		1.3.413,7239
۔ سم	ANSI INVESTMENT HOLDINGS	UC 3924	Hillstead In
1	ANSI INVESTMENT HOLDINGS By Lajon Maxy	Jack	sonville, AZ P3226-77
			m Sam
	9. Effective date, if other than the date of filir	ne.	
			\$ 2
	(Effective date cannot be prior to nor i filed by the Florida Department of Sta	te.)	
	Signed this 26 Hh day of	JANUA	2018
	Signature of each general partner: I/W		
	stated herein are true. I/We am/are aw document to the Department of State of		
	s.817.155, F.S.	onstitutes a tim	d degree relong as provided for in
	15	4.	BL
	1 1 100	_ 4	2 in N
), ر	JACLA	T. ————————————————————————————————————	
3	CAL		
	· ·		iling Fee and \$35 Registered Agent Fee)
		\$52.50 \$8.75	
	Certificate of Status (optional):	Page 2 of 2	