

B06000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

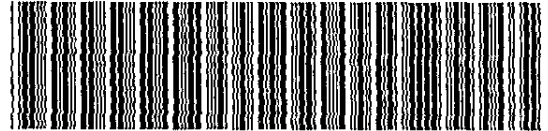
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2006 JAN 12 AM 9:32
OFFICE OF REGISTRATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 13 2006

January 12, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6544660 SO
Customer Reference 1: 06711.011600
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

~~Grove Isle Associates, Ltd. (FL)~~
~~Conversion~~
~~Florida~~

~~Grove Isle Associates, Ltd. (FL)~~
~~Obtain Document - Misc - Certified copy of Certificate of Conversion~~
~~Florida~~

Grove Isle Associates, LLLP (DE)
Registration
Florida

Grove Isle Associates, LLLP (DE)
Obtain Document - Misc - Certified copy of LLLP Application to Transact Business
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

File
Same Time!

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,


Ashley A. Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Grove Isle Associates, 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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. January 9, 2006

(Date of Formation)

4. C T Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. 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.

C T Corporation System

By: Carrie Bay

Signature of Registered Agent

7. 1870 South Bayshore Drive, Coconut Grove, FL 33133-5309

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☒

9. 1870 South Bayshore Drive, Coconut Grove, FL 33133-5309
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

#F94000002288
Courtland Investments, Inc.
(Name)

1870 South Bayshore Drive
(Street Address)
Coconut Grove, FL 33133-5309

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

11. Effective date, if other than the date of filing: Upon filing

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 9th day of January, 20 06

Signature of a general partner:

[Signature] Immortals, Inc.

Name: Maurice Wiener
Title: Chairman

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

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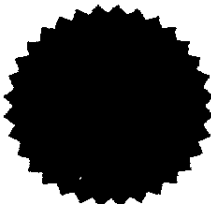
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GROVE ISLE ASSOCIATES, LLLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2006.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4091402 8300

060021980



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4440810

DATE: 01-11-06