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Office Use Only



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SECRETARY OF STATE

C. LEWIS OCT 292008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SPECTRUM SELECT II, L.P

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Gary Busel			
(Contact Person)			
Select Spectrum	Partners, LLC		•
	(Firm/Company)		
17686 Boniello [Orive,		
	(Address)		
Boca Raton, FL	33496		
. (0	City, State and Zip Code)		
For further information	on concerning this mat	ter, please call:	
Gary Busel		at (561) 989	9042
(Name of Conta	ct Person)		ytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee).	□\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Tallahassee, FL 3230		rananassee, r	1. 32314

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2008

GARY BUSEL 17686 BONIELLO DR. BOCA RATON, FL 33496

SUBJECT: SPECTRUM SELECT II, L.P.

Ref. Number: W08000048754

We have received your document for SPEGTRUM SELECT II, L.P and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 908A00054796

FILED

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

٠.	SPECTRUM SELECT II, L.P
	(Name of Limited Partnership or Limited Liability Limit

ed 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.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.) 3. October 20, 2008 2 Delaware (Date of Formation) (State or Country of Formation) 4 Gary Busel (Name of Registered Agent for Service of Process) 5. 17686 Boniello Drive, Boca Raton, FL 33496 (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 an accept the obligations of my position as registered agent. 7. 17686 Boniello Drive, Boca Raton, FL 33496 (Principal office address)

Page 1 of 3

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

FILED

9. 17686 Boniello Drive, Boca Raton, FL 33496 (Mailing address) 2950		PM 2: 17
	er our TAR	Y OF STAFF
	TALLAHAS	Y OF STATE SEE. FLORIS
0. Name, principal office address, and ma	•	
o. Name, principal office address, and me	annig address of each general partner.	
Select Spectrum Partners, LLC	17686 Boniello Drive, Boca Raton, FL	33496
(Name)	(Street Address)	
	17686 Boniello Drive, Boca Raton,	FL 3349
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
	(·····································	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of	filing:
	or more than 90 days after the date this document is
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of ly of the entity's records in the jurisdiction under the
Signed this <u>2044</u> day	of October ,20 08.
Signature of a general partner:	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 3 of 3

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECTRUM SELECT II, L.P." 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 TWENTIETH DAY OF OCTOBER, A.D. 2008.

4613855 8300

081050548

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6921274

DATE: 10-20-08

You may verify this certificate online at corp.delaware.gov/authver.shtml