

B100000000147

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H10000199737 3)))



H100001997373ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-5383

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (850) 222-1092

Fax Number : (850) 871-1108

*retain original filing
date of submission 9/8*

****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
Master Protection, LP**

** Entity conflicting with drew
yesterday. Please,
proceed to file.
Thanks!!*

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$1,000.00

T. HAMPTON

SEP 10 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP - 8 AM 8:06



September 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: MASTER PROTECTION, LP
REF: W10000042362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided. Simply adding "of Florida" or "Florida" to the end of an entity name does not constitute a difference.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

The document number of the name conflict is M09000004390 (MASTER PROTECTION, LLC).

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: H10000199737
Letter Number: 610A00021446

RECEIVED
10 SEP -9 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

1. Master Protection, 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.

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 3. 08/09/1988
State or Country of Formation Date of Formation

4. CT Corporation System
Name of Registered Agent for Service of Process

5. 1200 South Pine Island Road
Florida street address for Registered Agent
Plantation, Florida 33324

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.

By: Barbara A. Burke Signature of Registered Agent

7. One Town Center Road, Boca Raton, FL 33486
Principal office address

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

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -8 AM 8:36

9. One Town Center Road, Boca Raton, FL 33486
(Mailing address)

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

<u>Griannel LLC</u>	<u>107000004307</u>	<u>One Town Center Road</u>
Name		Street Address
		<u>Boca Raton, FL 33486</u>
		<u>One Town Center Road</u>
		Mailing Address
		<u>Boca Raton, FL 33486</u>
<u></u>		Street Address
		Mailing Address
<u></u>		Street Address
		Mailing Address
<u></u>		Street Address
		Mailing Address

_____	_____
Name	Street Address
_____	_____
_____	_____
_____	Mailing Address
_____	_____
_____	_____
Name	Street Address
_____	_____
_____	_____
_____	Mailing Address
_____	_____

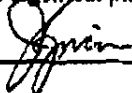
11. Effective date, if other than the date of filing: _____

(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 31 day of August, 20 10

Signature of a general partner:



James F. Spicer, Manager of Grinnell LLC, GP

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 SEP - 8 AM 8:06

Delaware

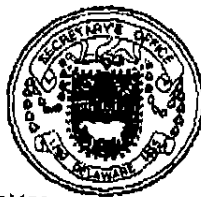
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASTER PROTECTION, LP" 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 EIGHTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2168939 8300

100890022

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8213779

DATE: 09-08-10