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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section

☐ \$125.00 Filing Fee

Division of Corporations
STIRTECT: Island Capital Partners LLC
SUBJECT: Island Capital Partners LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Richard McKenzie (Name of Person)
Island Capital Partners LLC (Firm/Company)
8424 Westphilia Rd. Ass & T
Upper Marelboro, MD 20774 55 & TO (City/State and Zip Code)
For further information concerning this matter, please call:
Ton Mckenzie at (941) 380-2256  (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Island Capital Partners LLC (Name of Foreign Limited Liability Company) 2. Maryland (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 2005 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 10. Attached is an original certificate of existence, no more than 90 days old, duly soften the set by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator translationable submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: General Partner in a Real Estate Investment Limited partnership Signature of a member or an authorized representative of a member. (in accordance with section 508.408(5), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Mikrozie

Thomas

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO PEDIGUACE PROVIDED AND ADDRESS OF SECTION 608.415 of 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT FLORIDA.

1. The name	e of the Limited Liability	Company is:			
Island Capital	Partners, LLC				<u> </u>
2. The mane	v Mital Mav Flüslich pavent es	talness of the neglection of the	g ood oord in 1985 on a come		
	The Ransome Group I	LLC			
		(Name)			
	3306 SW 26th Avenue	,			
	Florida Str	eet Address (P.O. Bax. NOT	ACCEPTABLE)		
	Ocala	FL 34474	4	TAS 19	
liability comp agent and agr relating to the	named as registered agen pany at the place designate ree to act in this capacity. e proper and complete per f my position as registered	ed in this certificate, I her I further agree to comply formance of my duties, ar	eby accept the appoi wwith the provisions and I am familiar with	intment as registe of alt statutes and accept the	ered T
	(Signature)				

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Core (optional)
\$ 5.00 Certificate of Status (optional)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ISLAND CAPITAL PARTNERS, LLC. IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 04, 2005.

Paul B. Anderson Charter Division SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410)333-7097