# M 18 (10000 3556

(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



100133403501

07/30/08--01005--005 \*\*250.00

08 JUL 30 AM IO: 35

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECHIVED

B. KOHR

JUL 3 0 2008

EXAMINER



### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-30-08

NAME: KELVINGROVE PARTNERS, LLC

TYPE OF FILING: APPLICATION FOR LLC

COST: CK ATTACHED (#1823 \$250 FOR 2 LLCs)

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### 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:

ı. Ke	lvingrove Partners, LLC			
-	(Name of Foreign Limited I	iability Company)		-
<sub>2.</sub> Del	aware 3	<b>3.</b>		_
	diction under the law of which foreign limited liability bany is organized)	( FEI number, if	applicable)	_
4. 07	-22-2008	Perpetual		مرابع د در منسه
—	(Date of Organization)	(Duration: Year limited liabi exist or "perpetual")	lity company will cease to	<u> </u>
<sub>6.</sub> up	on filing		7 8	The same
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	E E	7
7	7334 Tilden Lane		SS	O.
	Naples, FL 34	108	The state of the s	
	(Street Address	of Principal Office)	Qv.	5
8. If 1	mited liability company is a manager-managed	company, check here	<b>9</b> **	
9. The	name and usual business addresses of the man	aging members or managers	are as follows:	
Jo	seph Farley, Managing Member			
	oopon, manoging monitor			-
<u>73</u>	34 Tilden Lane			<del>-</del>
Na	aples, FL 34108			_
he juris	ched is an original certificate of existence, no more than 90 o diction under the law of which it is organized. (A photocopy on of the certificate under oath of the translator must be subn	is not acceptable. If the certificate	0 ,	cords in
11. Na	ature of business or purposes to be conducted or	promoted in Florida:		_
<u>In</u> ۱	estment advisory services and any ot	her lawful purpose		_•
	Signature of a member or an aut in accordance with section 608.406(3), F. an affirmation under the penalties of perju	S., the execution of this document co	enstitutes	
	Joseph Farley, Managing		<del>- ,</del>	
	Typed or printed	<del></del>		

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KELVINGROVE PARTNERS, LLC" 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 TWENTY-NINTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELVINGROVE PARTNERS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4578169 8300

080826595

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

Darriet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6758439

DATE: 07-29-08

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Kelvingrove Partners, LLC						
	Joseph Farley					
(Name)						
7334 Tilden Lane						
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Na	aples FL	34108				
City/State/Zip						

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)