

Division of Corporations Public Access System

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.

(((H060002741593)))



H060002741593ABC1

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)205-0383

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090

Phone : (407)839-4200

Fax Number : (407)839-4264

FLORIDA/FOREIGN LP/LLP

Hudson Condos I, L.P.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/13/2006

Broad and Cassel

11/14/2006 2:13 PAGE 2/6 RightFax

850-205-0381

11/14/2008 11:40 PAGE 001/001 Florida Dept of State



November 14, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BROAD AND CASSEL (ORLANDO)

SUBJECT: HUDSON CONDOS I, L.P.

RBF: W06000049779

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H06000274159 Letter Number: 306A00066620

RECEIVED
06 NOV 14 PM 2: 32
06 NOV 14 PM 2: 32
1VISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

Broad and Cassel

Florida Dept. of State Electronic Filing Facsimile Audit No. <u>HO6 000 2 74 159</u> 3

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

1. Hudson Condos I, L.P. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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.)	7.T S	0	
2. Delaware 3. October 25, 2006	_EE	Ø.	
(State or Country of Formation) (Date of Formation)		V	_
4. B&C Corporate Services of Central Florida, Inc. (Name of Registered Agent for Service of Process)	ASSEE	11 AON 90	
_{5.} 390 N. Orange Avenue, Suite 1400	_ TI	AM 10: 00	C
(Florida street address for Registered Agent)	-65 -	⇔	
Orlando, Florida 32801	_용설	00	
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.	, ,		
By: Holly Collins, U.P. Signature of Registered Agent			
7, 1950 Summit Park Drive, Suite 300	_		
(Principal office address)	•		
Orlando, Florida 32810	_		
8. If limited partnership is a limited liability limited partnership, check box			

Page 1 of 3

9. 1950 Summit Park Drive, S	Suite 300			
Orlando, Florida 32810		•		
10. Name, principal office address, and m		000		
Hudson Condos GP, Inc. (Name)	1950 Summit Park Drive, Suite Orlando, Florida 32810			
F06-7094	1950 Summit Park Drive, S Orlando, Florida 32810	uite 300)	
(Name)	(Street Address)			
•	(Mailing Address)			
(Name)	(Street Address)	SEON:	06 N	
	(Mailing Address)	HASSEE	06 NOV 14 AM 10: 00	FILE
(Name)	(Street Address)	FLORI	VH 10: 0	ED
	(Mailing Address)	.)A	0	

Page 2 of 3

	Applicate Angle Mo. 1104	
	·	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
•		
11. Effective date, if other than the date of	filing date of filing	
(Effective date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date this document is State.)	
to the delivery of this application to	tence duly authenticated, not more than 90 days prior of the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the	O6 NOV SEORL / TALLAHA
Signed this 13 ¹⁷ day	of November, 20 06.	FILED 10V IL AM RELANTUR AHASSEE, F
Signature of a general partner: HUDSON COMPOS GP, INC. By: Name: Title: Expuse Gia Press	hans to	AH IO: OO OF STATE EE, FLORIDA
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

Florida Dopt. of State Electronic Fill. 3
Facelimite Amon No. 1406000 2741593



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUDSON CONDOS I, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.



Varnet Smile Hinder

4240985 8300

060981459

AUTHENTICATION: 5161270

DATE: 10-31-06