

A0900000514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

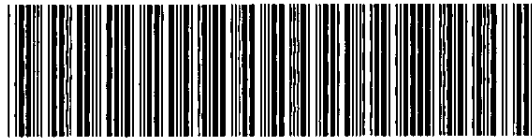
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/20/09--01002--006 \*1061.25

RECEIVED

09 JUL 20 AM 10: 24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUL 20 AM 11: 15

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
JUL 20 2009  
EXAMINER

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 1947 Holdings Ltd  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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09 JUL 20 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

filed [initials]

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
**09 JUL 20 AM 11:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. 1947 Holdings, Ltd.

(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.*

2. 700 Coral Way, #3  
(Street address of initial designated office)

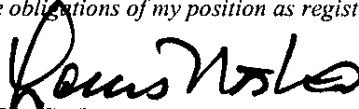
Coral Gables, Florida 33134

3. Louis Nostro  
(Name of Registered Agent for Service of Process)

4. c/o Shutts & Bowen LLP, 201 S. Biscayne Blvd., Suite 1600,  
(Florida street address for Registered Agent)

Miami, Florida 33131

5. *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.*



Signature of Registered Agent

6. 700 Coral Way, #3  
(Mailing address of initial designated office)

Coral Gable, Florida 33134

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

1947 Holdings Management  
Company, LLC

700 Coral Way, #3

Coral Gables, Florida 33134

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 13th day of July, 2009.

Signature of each general partner:

Rena Kosti, trustee  
\_\_\_\_\_  
\_\_\_\_\_

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