A11000000534

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.

(((H11000184430 3)))

H11000184430 3ABCW

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)617-6383

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305)358-6300
Fax Number : (305)381-9982

FILED
2011 JUL 19 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/LLLP
AMISTAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$1,052.50

RECEIVED
11 JUL 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 20 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

Message Confirmation Report

JUL-19-2011 01:10 PM TUE

WorkCentre M20i Series
Machine ID :
Serial Number : RYU367765.....
Fax Number :

Name/Number : 18506176383#6213
Page : 4
Start Time : JUL-19-2011 01:09PM TUE
Elapsed Time : 00'56"
Mode : STD G3
Results : O.K

Division of Corporations Page 1 of 1

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.

(((H11000184430 3)))

H11000184430ARCW

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 : [illegible] 1-850-245-6030

From:
Account Name : SEDTON & BOWEN, LLP
Account Number : [illegible]
Phone : (305)358-6300
Fax Number : (305)381-9982

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/LLLP
AMISTAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$1,052.50

Electronic Filing Menu Corporate Filing Menu Help

https://efile.sunbiz.org/scripts/efilcovr.exe 7/19/2011

Attn: Carolyn

We are requesting that file date be 07/19/2010 the date of submission of the filing.

Thank you.

FILED

2011 JUL 19 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000184430 3

CERTIFICATE OF LIMITED PARTNERSHIP OF AMISTAD APARTMENTS, LTD.

ARTICLE 1
NAME

The name of the limited partnership is AMISTAD APARTMENTS, LTD.

ARTICLE 2
ADDRESS

The principal place of business and mailing address of the limited partnership is 9400 South Dadeland Boulevard, Suite 100, Miami, Florida 33156.

ARTICLE 3
REGISTERED AGENT

The name of the registered agent for service of process is Gary J. Cohen.

ARTICLE 4
ADDRESS OF REGISTERED AGENT

The street address for the registered agent is 201 South Biscayne Boulevard, Suite 1500 (GJC), Miami, Florida 33131.

ARTICLE 5
GENERAL PARTNERS

The names and business addresses of each of the general partners are as follows:

PHG-Amistad, LLC L11000082436
9400 South Dadeland Boulevard
Suite 100
Miami, Florida 33156

C4 Amistad, LLC L11000082445
9400 South Dadeland Boulevard
Suite 100
Miami, Florida 33156

Under penalties of perjury, each of the undersigned confirms having read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of July, 2011.

PHG-AMISTAD, LLC
General Partner

By: _____
Gary J. Cohen, Authorized Representative

C4 AMISTAD, LLC
General Partner

By: _____
Gary J. Cohen, Authorized Representative

FILED
2011 JUL 19 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2011 JUL 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

DATED THIS 19th DAY OF JULY, 2011

Gary J. Cohen, Registered Agent