

**A11000000534**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000184430 3)))



H110001844303ABCW

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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

**\*\*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/LLP**  
*Partnerships*  
**AMISTAD, LLC**

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

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C. LEWIS  
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Corporate Filing Menu

Help

## Message Confirmation Report

JUL-19-2011 01:10 PM TUE

## WorkCentre M20i Series

Machine ID :  
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Name/Number : 18506176383#6213  
 Page : 4  
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 Results : O.K

Division of Corporations

Page 1 of 1

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number: 1-850-245-6030  
 From: Account Name: SHUTTS & NOWEN, LLP  
 Account Number: 076447000111  
 Phone: (705)358-6300  
 Fax Number: (705)381-9982

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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

Attn: Carolyn  
 We are  
 requesting  
 the file  
 date of  
 07/19/2010  
 the date  
 of submission  
 of the  
 filing.  
 Thank you.

FILED

H11000184430 3

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
AMISTAD APARTMENTS, LTD.**

2011 JUL 19 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
9400 South Dadeland Boulevard  
Suite 100  
Miami, Florida 33156

L11000082436

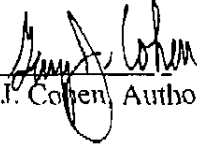
C4 Amistad, LLC  
9400 South Dadeland Boulevard  
Suite 100  
Miami, Florida 33156

L11000082445

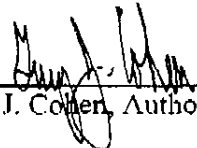
Under penalties of perjury, each of the undersigned confirms having read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 19<sup>th</sup> 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

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2011 JUL 19 AM 10:38  
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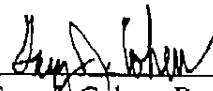
2011 JUL 19 AM 10:38

ACCEPTANCE BY REGISTERED AGENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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