

# A1300000280

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H13000117548 3)))



H130001175483ABC/

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP  
Account Number : 075350000132  
Phone : (305)374-7580  
Fax Number : (305)351-2122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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34788

### FLORIDA/FOREIGN LP/LLLP 1809 Brickell, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

B. BOSTICK  
MAY 29 2013  
EXAMINER

H13000117548

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

1. 1809 BRICKELL, LP

*(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. 150 SE 2nd Avenue, Suite 800  
*(Street address of initial designated office)*

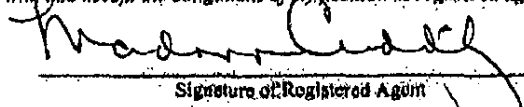
Miami, Florida 33131

3. Q.T. Corporation System  
*(Name of Registered Agent for Service of Process)*

4. 1200 South Pine Island Road  
*(Florida street address for Registered Agent)*

Plantation, Florida 33324

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.*



**Madonna Cuddihy  
Special Assistant Secretary**

*Signature of Registered Agent*

6. 150 SE 2nd Avenue, Suite 800  
*(Mailing address of initial designated office)*

Miami, Florida 33131

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
Stanley Axirod Tower Corp.	150 SE 2nd Avenue, Suite 800

Miami, Florida 33131

113000004654

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

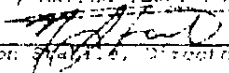
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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 28<sup>TH</sup> day of May 2013

Signature of each general partner:

Stanley Axirod Tower Corp.  
  
 Nelson, Stanley A., Director

<b>Filing Fees:</b>	\$1,000.00 (5965 Filing Fee and 535 Registered Agent Fee)
<b>Certified Copy (optional):</b>	\$52.50
<b>Certificate of Status (optional):</b>	\$8.75