# 

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	<del>,</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600064856396

02/01/00 -01016 -002 \*\*\*105.00

02/22/06--01027--012 \*\*895.30

Bole Al.



February 23, 2006

ROBERT COHEN 2918 BUSCH LAKE BLVD. TAMPA, FL 33614

SUBJECT: GOLDSTEIN FAMILY LIMITED PARTNERSHIP

Ref. Number: W06000006413

We have received your document for GOLDSTEIN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 606A00012986



February 9, 2006

ROBERT COHEN 2918 BUSCH LAKE BLVD. TAMPA, FL 33614

SUBJECT: GOLDSTEIN FAMILY LIMITED PARTNERSHIP

Ref. Number: W06000006413

We have received your document for GOLDSTEIN FAMILY LIMITED PARTNERSHIP and check(s) totaling \$105.00 of which \$105.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$895.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The fee to file a Certificate of Limited Partnership for a Florida limited partnership or limited liability limited partnership is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). Please include an additional \$52.50 for each certified copy requested and an additional \$8.75 for each certificate of status requested.

Effective January 1, 2006, Chapter 620, Florida Statutes, does not require or permit the filing of a "Supplemental Affidavit of Capital Contributions." Therefore, the enclosed affidavit has not been filed and is being returned to you.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We are enclosing the proper form(s) with instructions 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 206A00009587



February 9, 2006

ROBERT COHEN 2918 BUSCH LAKE BLVD. TAMPA, FL 33614

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Tammi Cline Document Specialist

Letter Number: 206A00009587

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: 60 OSTCIN FAMILY PO	roperties (	Imiteo	ParTNership
(Name of Foreign Limited Partnership or	Limited Liability Li	mited Partnershi	p)
The enclosed application, certificate of status a limited partnership or limited liability limited Please return all correspondence concerning the	partnership to trai		
Robert F. Cottens (Contact Person)  Nobert F Cohen CPA (Firm/Company)			
Robert + Cohen CPA			
(Firm/Company)			فيشع
7-918 Aurel 1 40 01			
(Address)			active to
TAMIA FL 33	614		
(Address)  Tomla FL 33  (City, State and Zip Code)			
			) —
For further information concerning this matter	, please call:		5.3
(Name of Contact Person)	P13	932-	フソイ
(Name of Contact Person)	(Area Code and	Daytime Teleph	one Number)
Enclosed is a check for the following amount:			
\$1,000.00 Filing Fees \$\Bigcup \\$1,008.75 Filing Fees and and Certificate of ar \$35 Registered Agent Fee)\$\$\Bigcup \\$1,008.75 Filing Fees \$\Bigcup \\$1,008.75 Filing Fees are \$\Bigcup \\$2.50 \$\Bigcup \\$3.50	\$1,052.50 Filing Fe ad Certified Copy	es \$1,061.22 Certified Co Certificate	opy, and
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registratio Division of P. O. Box 6	Corporations	

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

1. COLDSTLIN  (Name of Limited Partr Acceptable Limited Partr Acceptable Limited Liabi		iability Limited and Partnership,	d Partnership, which Limited, L.P., LP,	rh must include or Ltd.	suffix)
or LLLP.		· · · · · · · · · · · · · · · · · · ·			
(If name unavailable, proposes to r	name under which the egister to transact busin	ness in Florida:	must contain acce	ptable suffix.)	rtnership
2. <u>OeLawa</u> (State or Country	re	3	9/10 (Date of Form	195	
(State or Country	of Formation)		(Date of Form	ation)	<del></del> -
4. RoBen	1 F CoH (Name of Registere	eN d Agent for Se	rvice of Process)		
5. 2918 B		e BLI	0		
TAMPE	FL	37	614		29 4
6. I hereby accept the ap comply with the provision and I am familiar with an	opointment as registere ns of all statutes relativ	ed agent and ag e to the proper	ree to act in this c and complete perj	apacity. I furth formance of my	
	Nobest Signature	K Co	hew Agent		177 mm m
7. 29/8	Busch Cu.	pal office addr	lvo ess)		· ———
TAMPA	(Princi	3261	Ý		
8. If limited partners				eck box	

9 <i>SAME</i> _	(Mailing address)
10. Name, principal office address, a	nd mailing address of each general partner:
Ronalo Colostera (Name)	3429 Valley Ranch DR TAMIN FU 33549
	(Mailing Address)
STUART GOLDSTEN (Name)	Washington, PC 20008
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of fili	
(Effective date cannot be prior to nor i filed by the Florida Department of Sta	more than 90 days after the date this document is te.)
to the delivery of this application to th	ce duly authenticated, not more than 90 days prior e Florida Department of State, by the Secretary of of the entity's records in the jurisdiction under the
Signed this day of	FCB ,20 06.
Signature of a general pariner:	
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Delaware

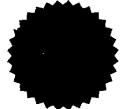
PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOLDSTEIN FAMILY PROPERTIES LIMITED PARTNERSHIP" 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-EIGHTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLDSTEIN FAMILY PROPERTIES LIMITED PARTNERSHIP" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2002.



Varriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4555840

DATE: 02-28-06

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060196687