

W14000000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

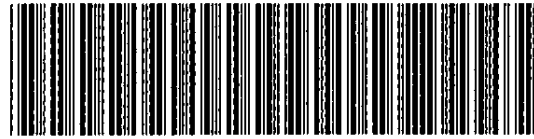
(Document Number)

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Special Instructions to Filing Officer:

W14-26592

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04/25/14--01011--019 **1000.00

04/25/14--01011--020 **52.50

04/25/14 10:13

B. BOSTICK

MAY -- 8 2014

EXAMINER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

4/25/14



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LP Qualification

1.

Trenton Limited Partnership
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

APR 25 2014
L-112

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Trenton Limited Partnership

(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.

606 Trenton Limited Partnership

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. California

State or Country of Formation

3. 11/15/2005

Date of Formation

4. Federal Employer Identification Number: 95-4611389

5. Name of Registered Agent for Service of Process and Florida Street Address:

Paracorp Incorporated

236 East 6th Avenue

Tallahassee, Florida 32303

6. 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.

Mark H. NINH HO, ASST. SECRETARY
Signature of Registered Agent

7. Principal Office:

21355 Pacific Coast Highway, Suite 200

Malibu, California 90265

8. Mailing Address:

21355 Pacific Coast Highway, Suite 200

Malibu, California 90265

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Max Factor III, Trustee of the Max Factor III Trust

Street Address: 21355 Pacific Coast Highway, Suite 200

Malibu, California 90265

Mailing Address: 21355 Pacific Coast Highway, Suite 200

Malibu, California 90265

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

2011-11-15 10:00 AM

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 26th day of March, 2014.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2014 MAR 27 11:00 AM

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TRENTON LIMITED PARTNERSHIP

FILE NUMBER: 200531900007
FORMATION DATE: 11/15/2005
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of March 27, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

2014-03-27 14:00:14

DLS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

April 28, 2014

CORPORATE ACCESS, INC.

SUBJECT: TRENTON LIMITED PARTNERSHIP
Ref. Number: W14000026592

RECEIVED
TO ACHIEVE
SUFFICIENCY OF FILING

2014 MAY -7 AM 10:05

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for TRENTON LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The document number of the name conflict is P04000141486.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00008975

2014 MAY -7 AM 10:11