

BD6 0000000375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

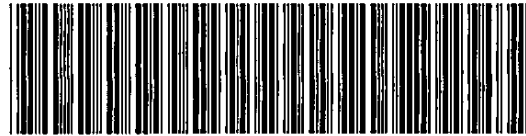
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. BRYAN OCT 19 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1110 East Doran Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Christopher Saia

(Contact Person)

The Law Offices of Christopher H. Saia, P.A.

(Firm/Company)

140 NE 2nd Avenue

(Address)

Miami, FL 33132

(City, State and Zip Code)

For further information concerning this matter, please call:

Christopher Saia

(Name of Contact Person)

at (786) 888-6354

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☒ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. 1110 East Doran 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.

(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. September 4, 2002

(Date of Formation)

4. Bryan Schimmel

(Name of Registered Agent for Service of Process)

5. 1400 Barlow Court

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33410

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.



Signature of Registered Agent

7. 1400 Barlow Court, Palm Beach Gardens, FL 33410

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1400 Barlow Court, Palm Beach Gardens, FL 33410

(Mailing address)

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

Bryan Schimmel

(Name)

1400 Barlow Court

(Street Address)

Palm Beach Gardens, FL 33410

Same as above

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

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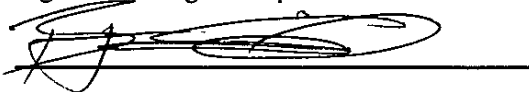
11. Effective date, if other than the date of filing: _____

(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 16 day of October, 20 06.

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

State of California
Secretary of State

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**CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED PARTNERSHIP**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 4th day of September, 2002, 1110 EAST DORAN LIMITED PARTNERSHIP, became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of August 17, 2006.



BRUCE McPHERSON
Secretary of State