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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
RIVERBEND BROWARD, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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JAN 23 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RIVERBEND BROWARD, LP**

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:

Gryska Sotolongo

Contact Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City, State and Zip Code

Gryska@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo

at **305** **448-5898**

Name of Contact Person

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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CLERK OF STATE

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

1. RIVERBEND BROWARD, 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.

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. Delaware

State or Country of Formation

3. November 26, 2013

Date of Formation

4. Federal Employer Identification Number: Applied For

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

Thomas G. Sherman, P.A.

90 Almeria Avenue

Coral Gables, FL 33134

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]
Signature of Registered Agent

7. Principal Office:

300 SW 1st Avenue

Suite # 133

Fort Lauderdale, FL 33301

8. Mailing Address:

300 SW 1st Avenue

Suite # 133

Fort Lauderdale, FL 33301

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: Riverbend Broward GP, LLC

Name of General Partner: _____

Street Address: 300 SW 1st Avenue

Street Address: _____

Fort Lauderdale, FL 33301

Mailing Address: 300 SW 1st Avenue

Mailing Address: _____

Fort Lauderdale, FL 33301

Name of General Partner: M1400000 376

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE FLORIDA

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 January day of 21 20 14

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

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 TALLAHASSEE FLORIDA

41400006891

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVERBEND BROWARD, LP" 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 FOURTEENTH DAY OF JANUARY, A.D. 2014.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1058947

DATE: 01-14-14