

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : HUNT & GROSS, P.A.
Account Number : I20010000036
Phone : (561) 997-9223
Fax Number : (561) 989-8999

2017 SEP -6 AM 9:48
FILED

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

Email Address: dale.reed@chieftainproperties.com

**FLORIDA/FOREIGN LP/LLLP
CHIEFTAIN RIVERFRONT, LP**

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,008.75 |

SEP 07 2017
J. HARRIS

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIEFTAIN RIVERFRONT, LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing

Please return all correspondence concerning this matter to:

BETSY COURANT

Contact Person

HUNT & GROSS, P.A.

Firm/Company

185 NW SPANISH RIVER BLVD , SUITE 220

Address

BOCA RATON, FL 33431

City, State and Zip Code

dale.reed@chieftainproperties.com

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

For further information concerning this matter, please call:

Dale Reed at (954) 591-6272

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 Fees,
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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CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1 CHIEFTAIN RIVERFRONT, 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 2434 E. Las Olas Blvd., Fort Lauderdale, FL 33301
(Street address of initial designated office)

3 Dale Reed
(Name of Registered Agent for Service of Process)

4 2434 E. Las Olas Blvd., Fort Lauderdale, FL 33301
(Florida street address for Registered Agent)

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


Signature of Registered Agent

6 2434 E. Las Olas Blvd., Fort Lauderdale, FL 33301
(Mailing address of initial designated office)

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

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-05-2017 BY 60322
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8. Name and business address of each general partner:

Name:

C17000188714

Chieftain Riverfront Manager GP, LLC

Business Address:

2434 E. Las Olas Blvd.

Fort Lauderdale, FL 33301


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2017 SEP - 6 AM 9:48

9. Effective date, if other than the date of filing: September 5, 2017

(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 1st day of September, 2017

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.



Dale Reed, Authorized Representative

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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