

CSC-TALLAHASSEE

A000000001440

Requester's Name

1201 Hays Street

Address

TLH, FL 32301

City/State/Zip

521-1000

Phone #

CSC Contact:

Kathy Drake

Account Number: 072100000032

Order Number:

Cost Limit:\$

1435⁰²

Authorization:

Patricia Pajito

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Altman Partners Tuscany, Ltd.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

400003399624--6

Examiner's Initials

FILED
00 SEP 20 PM 4:16
TALLAHASSEE, FLORIDA
RECEIVED
00 SEP 20 PM 2:28
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

• Fax-Audit Number: _____

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ALTMAN PARTNERS TUSCANY, LTD.
a Florida limited partnership

The undersigned general partner desiring to form a limited partnership pursuant to Florida Revised Uniform Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is Altman Partners Tuscany, "Partnership").
2. The address of the office of the Partnership is 2201 NW Corporate Boulevard, Suite 200, Boca Raton, Florida 33431.
3. The name and address of the agent for service of process on the Partnership is Altman Development Corporation, 2201 NW Corporate Boulevard, Suite 200, Boca Raton, Florida 33431.
4. The name and business address of the sole general partner is Altman Development Corporation, 2201 NW Corporate Boulevard, Suite 200, Boca Raton, Florida 33431.
5. The mailing address of the Partnership is 2201 NW Corporate Boulevard, Suite 200, Boca Raton, Florida 33431.
6. The latest date upon which the Partnership will dissolve is December 31, 2025.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

This Certificate of Limited Partnership has been executed by the sole General Partner of Altman Partners Tuscany, Ltd. this 20th day of September, 2000.

GENERAL PARTNER:

ALTMAN DEVELOPMENT CORPORATION,
a Michigan corporation

By: _____

Jeffrey Roberts
President

Fax Audit Number: _____

FILED
SEP 20 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

856211

* Fax Audit Number: _____

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Altman Partners Tuscany, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned corporation, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

ALTMAN DEVELOPMENT CORPORATION,
a Michigan corporation

By: _____

Jeffrey Roberts
President

Fax Audit Number: _____

Fax Audit Number: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting the sole general partner of Altman Partners Tuscany, Ltd., a Florida limited partnership, certifies as follows:

FIRST: The amount of capital contributions to date of the limited partners is \$0.00.

SECOND: The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$200,000.

Executed this 20th day of September, 2000.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

ALTMAN DEVELOPMENT CORPORATION,
a Michigan corporation

By: _____

Jeffrey Roberts
President

Fax Audit Number: _____

00 SEP 20 2000
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA