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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

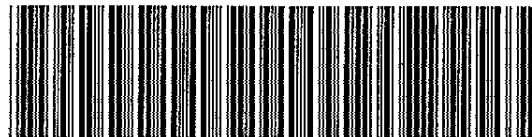
(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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RIDA

BRYAN MAR - 6 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCHUMACHER BUSINESS PARK 1  
(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:

YEHOSHUA GIVEON

(Contact Person)

SNY DEVELOPERS CORP

(Firm/Company)

22580 LANYARD STREET

(Address)

BOCA RATON FL 33428

(City, State and Zip Code)

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DIVISION OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YEHOSHUA GIVEON at ( 561 ) 929-2558  
(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

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

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2006 MAR -1 PM 3:57  
TALLAHASSEE, FLORIDA

1. SCHUMACHER BUSINESS PARK 1 L.P.

(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. 22580 LANYARD STREET

(Street address of initial designated office)

BOCA RATON FL 33428

3. JOSHUA GIVEON

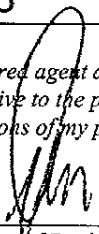
(Name of Registered Agent for Service of Process)

4. 22580 LANYARD STREET

(Florida street address for Registered Agent)

BOCA RATON FL 33428

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. 22580 LANYARD STREET

(Mailing address of initial designated office)

BOCA RATON FL 33428

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

8. Name and business address of each general partner:

Name:

Business Address:

SNY DEVELOPERS CORP 22580 LANYARD ST

#P05000043201

BOCA RATON FL 33428

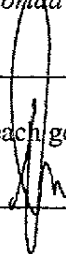

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: MARCH 1ST 2006

*(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                      day of MARCH 1ST, 2006

Signature of each 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**