

A07000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

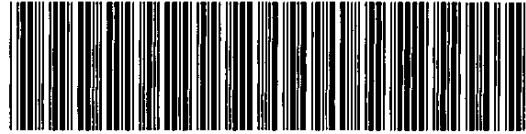
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

LAW OFFICES

**Reichstein and Lapat**

an association of individual attorneys

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901(Fax)

*Please Reply to Florida Office*

Michael Lapat  
admitted to Practice in:  
Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

August 9, 2007

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

RE: 1. The Landist Fund, L.P.	— \$1052.50
2. Landist Fund, LLC (Amendment) → LANDIST CAPITAL PARTNERS, LLC	— \$ 55.00
3. <u>Landist Capital Partners, LLC</u>	— \$ 155.00
MANAGEMENT	\$1262.50

Dear Sir or Madam,

Please find enclosed one Articles of Organization, a Certificate of Limited Partnership and one Articles of Amendment for the above-referenced entities. Additionally enclosed is a check in the sum of \$1262.50 representing the fees associated with these filings.

Please process accordingly and return to this office file-stamped copies as receipt thereof. A self-addressed, stamped envelope is enclosed for your convenience.

Should you have any questions, please contact the undersigned.

Regards,

Cecilia Garcia

cg  
enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Landist Fund, L.P.

(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:

Cecilia Garcia

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 N. University Drive, Suite 311

(Address)

Coral Springs, Florida 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Cecilia Garcia

(Name of Contact Person)

at ( 954 ) 345-6442

(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**

FILED  
07 AUG 17 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The Landist Fund, 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. 3210 Elizabeth Street

(Street address of initial designated office)

Coconut Grove, FL. 33133

3. Andy Louis-Charles

(Name of Registered Agent for Service of Process)

4. 3210 Elizabeth Street

(Florida street address for Registered Agent)

Coconut Grove, FL. 33133

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. 3210 Elizabeth Street

(Mailing address of initial designated office)

Coconut Grove, FL. 33133

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:

Landist Capital Partners, LLC

3210 Elizabeth Street

205-979116

Coconut Grove, FL. 33133

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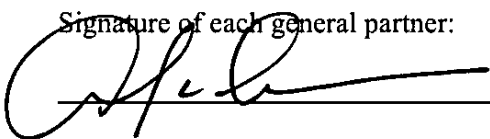
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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 8TH day of AUGUST, 2007.

Signature of each general partner: \_\_\_\_\_



LANDIST CAPITAL PARTNERS, LLC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**