

A080000000062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



400115138984

01/18/08--01033--012 **1362.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 18 PM 1:17

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T. CLINE

JAN 22 2008

EXAMINER

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

December 13, 2007

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: GREENPOINT CAPITAL PARTNERS, L.P.
Including Certified Copy of L.P.
GREENPOINT CAPITAL MANAGEMENT, LLC
Including Certified Copy of LLC
GREENPOINT CAPITAL ADVISORS, LLC
Including Certified Copy of LLC


RECEIVED
JAN 18 1:17 PM
STATE
SECRETARY
TALLAHASSEE, FLORIDA
\$1,052.50
\$155.00
\$155.00
\$1362.50

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$1362.50** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,


Julie Hancock
jh
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENPOINT CAPITAL PARTNERS, 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:

JULIE HANCOCK

(Contact Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Contact Person)

at (954) 345-6442

(Area Code and Daytime Telephone Number)

2008 JAN 18 PM 1:17
SECRETARY OF STA
TALLAHASSEE, FLORIDA

FILED

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**

1. GREENPOINT CAPITAL PARTNERS, 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. 601 S FEDERAL HWY SUITE 150

(Street address of initial designated office)

BOCA RATON, FL 33432

3. DOUGLAS GREEN

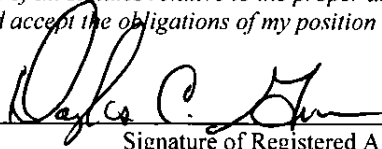
(Name of Registered Agent for Service of Process)

4. 601 S FEDERAL HWY SUITE 150

(Florida street address for Registered Agent)

BOCA RATON, FL 33432

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 DOUGLAS GREEN

6. 601 S FEDERAL HWY SUITE 150

(Mailing address of initial designated office)

BOCA RATON, FL 33432

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:

GREENPOINT CAPITAL MANAGEMENT, LLC

601 S FEDERAL HWY SUITE 150

C08-7384

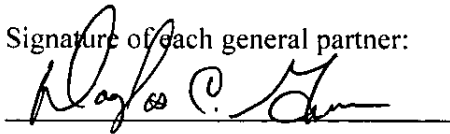
BOCA RATON, FL 33432

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 15th day of January, 2008.

Signature of each general partner:



DOUGLAS GREEN, MANAGER, GREENPOINT
CAPITAL MANAGEMENT, 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

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TALLAHASSEE, FLORIDA

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