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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

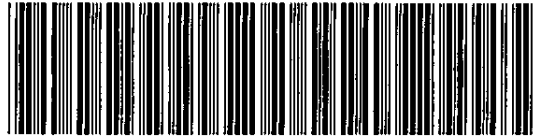
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/03/08--01045--008 **1061.25

A. LUNT

MAR - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADMG Riverview Partners 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:

Elizabeth Truong

(Contact Person)

ADMG Riverview Partners LP

(Firm/Company)

825 Parkway Street, Suite 4

(Address)

Jupiter, Florida 33477

(City, State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Truong

(Name of Contact Person)

at (561) 745-8545 ext. 206

(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**

1. ADMG Riverview Partners 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. 825 Parkway Street, Suite 4, Jupiter, Florida 33477

(Street address of initial designated office)

3. Joseph Lubeck

(Name of Registered Agent for Service of Process)

4. 825 Parkway Street, Suite 4, Jupiter, Florida 33477

(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.*


Joseph Lubeck

6. 825 Parkway Street, Suite 4, Jupiter, Florida 33477

(Mailing address of initial designated office)

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:

ADMG Riverview GP, LLC

825 Parkway Street, Suite 4

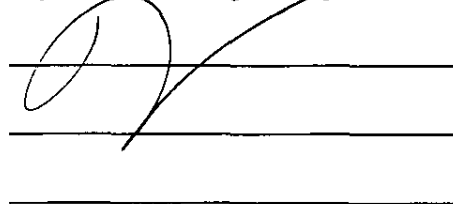
Jupiter, Florida 33477

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 27th day of February, 2008.

Signature of each general partner:



Joseph Lubeck

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75