

03/07/2008 12:42 FAX 4074231831

DEAN MEAD ORLANDO

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

Harborside Commercial 55, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
08 MAR -7 AM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Harborside Commercial 55, Ltd.

(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. 200 South Orange Avenue, Suite 2025

(Street address of initial designated office)

Orlando, Florida 32801

3. Urban & Thier, P.A.

(Name of Registered Agent for Service of Process)

4. 200 S. Orange Avenue, Suite 2025

(Florida street address for Registered Agent)

Orlando, FL 32801

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.*

URBAN & THIER, P.A.

By: 

Signature of Registered Agent
Carl Christian Thier

6. 200 S. Orange Avenue, Suite 2025

(Mailing address of initial designated office)

Orlando, FL 32801

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

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8. Name and business address of each general partner:

Name:

Business Address:

Jupiter USA, Inc.

200 S. Orange Ave., Suite 2025

P03-107619

Orlando, FL 32801

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 _____ day of _____, 2008

Signature of each general partner:

By: _____

President of Jupiter USA, Inc.

Carl Christian Thier

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA

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