

A08 000000600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

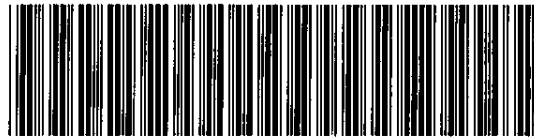
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

2008 JUN 13 AM 10:27

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JUN 13 2008

EXAMINER

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

1106  
385-6735

(Phone #)

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08 JUN 12 PM 1:35  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. NATHANSON Investment Limited Partnership  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
NATHANSON INVESTMENT LIMITED PARTNERSHIP**

FILED  
08 JUN 13 PM 1:35  
TALLAHASSEE, FLORIDA

In accordance with Florida Statute Section 620.108, the undersigned, desiring to form NATHANSON INVESTMENT LIMITED PARTNERSHIP (the "Partnership"), certify the following:

1. The name of the Limited Partnership is NATHANSON INVESTMENT LIMITED PARTNERSHIP.

2. The address of the office of the Partnership is 8809 Twin Lake Drive, Boca Raton, Florida 33496.

3. The name and address of the agent for service of process required to be maintained by Florida Statute Section 620.105 is Eric Nathanson, 8809 Twin Lake Drive, Boca Raton, Florida 33496.

4. The name and business address of the general partners are:

Nathanson Investment Company, Inc.  
8809 Twin Lake Drive  
Boca Raton, FL 33496

PO8000057259

5. The mailing address for the Partnership is 8809 Twin Lake Drive, Boca Raton, Florida 33496.

6. The latest date upon which the Partnership shall dissolve is December 1, 2050.

The execution of this Certificate by the undersigned general partners constitute an affirmation under the penalties of perjury that the facts stated herein are true.

This Certificate of Limited Partnership has been executed by the general partner of the Partnership this 9th day of June, 2008.

**GENERAL PARTNER:**

NATHANSON INVESTMENT COMPANY, INC.

By: *Eric Nathanson, President*  
Eric Nathanson, President

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 9th day of June, 2008 by ERIC NATHANSON, as President of NATHANSON INVESTMENT COMPANY, INC., the General Partner. He is personally known to me or has produced \_\_\_\_\_ as identification and did (did not) take an oath.

*Cynthia C. Mendoza*  
Notary Public  
Print Name: Cynthia C. Mendoza

My Commission Expires:



**Cynthia C. Mendoza**  
Commission # DD338728  
Expires August 27, 2008  
Bonded Troy Fair - Insurance, Inc. 800-368-7018

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for the NATHANSON INVESTMENT LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

REGISTERED AGENT:



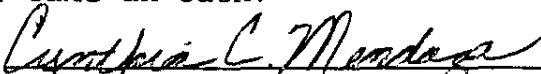
ERIC NATHANSON

STATE OF FLORIDA     )

COUNTY OF BROWARD    )

The foregoing instrument was acknowledged before me this 9th day of June, 2008, by ERIC NATHANSON, as Registered Agent, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

My Commission Expires:



Printed Name: Cynthia C. Mendoza

Title: Notary Public

