

A 090VVUU00197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

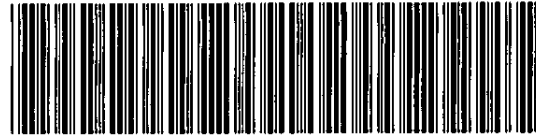
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100147316231

03/26/09--01029--005 **1221.25

RECEIVED

09 MAR 26 PM 12:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 MAR 26 PM 1:45

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 26 2009

EXAMINER



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

1061.25

March 26, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Please file 2nd

Re: Order #: 7519061 SO
Customer Reference 1: 32543.0004
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Woodbridge Executive Incentive Plan 1, LP (FL)
Formation
Florida

Bluegreen Program GP, LLC (FL)
Formation
Florida

Woodbridge Executive Incentive Plan 1, LP (FL)
Certificate of Status-Domestic
Florida

Bluegreen Program GP, LLC (FL)
Certificate of Status-Domestic
Florida

Woodbridge Executive Incentive Plan 1, LP (FL)
Cert Copy of Certificate of LP
Florida

Bluegreen Program GP, LLC (FL)
Cert Copy of Articles of Org
Florida

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09 MAR 26 PM 1:45
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the



CT
a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

FILED
09 MAR 26 PM 1:45
TALLAHASSEE, FLORIDA

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

FILED
09 MAR 26 PM 1:45
TALLAHASSEE, FLORIDA

1. Woodbridge Executive Incentive Plan 1, 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. 2100 West Cypress Creek Road

(Street address of initial designated office)

Fort Lauderdale, FL 33309

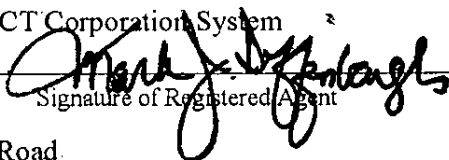
3. CT Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324

(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.*

By: CT Corporation System

Signature of Registered Agent

6. 2100 West Cypress Creek Road

(Mailing address of initial designated office)

Fort Lauderdale, FL 33309

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:

Woodbridge Fund I, LLC

2100 West Cypress Creek Road

LOG 0000291546

Fort Lauderdale, FL 33309

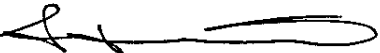
9. Effective date, if other than the date of filing: _____

(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 13th day of March, 2009

Signature of each general partner:

Woodbridge Fund I, LLC

By: 

Authorized Representative

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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