

A09VVVVVV198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

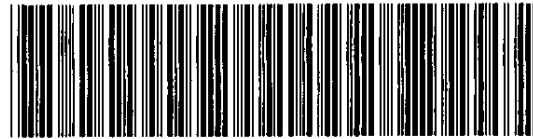
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/26/09--01029--004 **1113.75

RECEIVED

09 MAR 26 PM 12: 35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 MAR 26 PM 2: 35

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

FILED
09 MAR 26 PM 2:33
TALLAHASSEE, FLORIDA

Please file 3rd

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

Dear Department of State, Florida:

Please obtain the following:

Bluegreen Program Partnership, LP (FL)
Formation
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:
Amendment (Change of Name)
Florida

Bluegreen Program Partnership, LP (FL)
Certificate of Status-Domestic
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:
Certificate of Status/Authorization-Domestic
Florida

Bluegreen Program Partnership, LP (FL)
Certificate of Partnership
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:



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Tallahassee, FL 32301-2960

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www.ctlegalsolutions.com

Obtain Document - Misc - Certified Copies of filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the 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 2:35
TALLAHASSEE, FLORIDA
STATE

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

FILED
09 MAR 26 PM 2:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Bluegreen Program Partnership, 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, Florida 33309

3. C T Corporation System

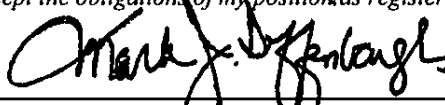
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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

6. 2100 West Cypress Creek Road

(Mailing address of initial designated office)

Fort Lauderdale, Florida 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:

Bluegreen Program GP, LLC

2100 West Cypress Creek Road

Fort Lauderdale, Florida 33309

LOG 00029548

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:

Bluegreen Program GP, 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