

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : MARIN, ELJAIK, & LOPEZ, PL
Account Number : I20030000013
Phone : (305) 444-5969
Fax Number : (305) 444-1939

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LP/LLP**Bluerose Coachman, Ltd.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

OCT 25 2010

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Bluerose Coachman, 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. 9260 Bay Plaza Blvd #501

(Street address of initial designated office)

Tampa, FL 33619

3. Mellaw Registered Agents, LLC

(Name of Registered Agent for Service of Process)

4. 2601 S. Bayshore Drive, Suite 700

(Florida street address for Registered Agent)

Coconut Grove, FL 33133

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. c/o Mellaw Registered Agents, 2601 S. Bayshore Drive, Suite 700

(Mailing address of initial designated office)

Coconut Grove, FL 33133

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:Bluerose Coachman GP, LLC9260 Bay Plaza Blvd, Suite 501Tampa, FL 336199. Effective date, if other than the date of filing: 10/13/2010*(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 October, 2010

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


AS ATTORNEY-IN-FACT

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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