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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LP/LLLP
NJTF HERITAGE PLAY PARTNERS, LLLP

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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C. LEWIS

JUL -7 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. NJTF Heritage Play Partners, LLLP

(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. 7400 Monaco Street, Coral Gables, Florida 33143
(Street address of initial designated office)

3. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

4. 515 East Park Avenue
(Florida street address for Registered Agent)
Tallahassee, FL 32301

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.

NRAI Services, Inc.,

Katie Wonsch

Signature of Registered Agent

Katie Wonsch,

Asst. Secretary

6. 7400 Monaco Street, Coral Gables, Florida 33143
(Mailing address of initial designated office)

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:

National Jewish Theater Foundation, Inc.

7400 Monaco Street

NO700009638

Coral Gables, Florida 33143

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TALLAHASSEE, FLORIDA
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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 5th day of July, 2011.

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.

National Jewish Theater Foundation, Inc., its General Partner

By: Arnold Mittelman, President of GP

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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