

A12 UUUUUUU030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

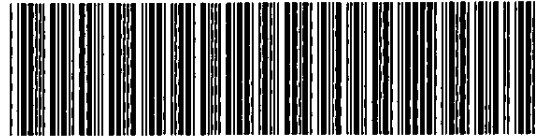
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

JAN 20 2012

**EXAMINER**



400215480824

01/20/12--01019--002 \*\*1061.25

**RECEIVED**

12 JAN 20 AM 10:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 20 PM 1:06

Charter Number Only

2-18-12

Jeffrey D. Ingstner

Requestor's Name

4474 Weston Rd #122

Address

Davie, FL 33531

City

State

ZIP

Phone

VALIDATION ONLY

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 PM 1:06

CORPORATION(S) NAME

CIC Investors #90, LTD.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☒ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☐ Walk In

☐ Will Wait

☐ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

Charter Number Only

2-18-12

Jeffrey D. Hasler  
 Requestor's Name  
 4474 Cuesion Rd #122  
 Address  
 Davie, FL 33331  
 City State ZIP Phone

VALIDATION ONLY

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12 JAN 20 PM 1:06

CORPORATION(S) NAME

CIC Investors #90, LTD

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                            |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                              |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                             |
| <input checked="" type="checkbox"/> Limited-Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent        |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies    | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                        |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up                           |
| <input type="checkbox"/> Walk In                        | <input type="checkbox"/> Mail Out        |  |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIC INVESTORS #90, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jeffrey D. Kastner, Esquire

Contact Person

Jeffrey D. Kastner, P.A.

Firm/Company

5059 N.E. 18th Avenue

Address

Fort Lauderdale, Florida 33334

City, State and Zip Code

Fredye53@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey D. Kastner

Name of Contact Person

at ( 954 )

252-0555

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|---|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 PM 1:06

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 PM 1:06

1. CIC INVESTORS #90, 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. 5059 N.E. 18th Avenue

(Street address of initial designated office)

Fort Lauderdale, Florida 33334

3. Jeffrey D. Kastner, Esquire

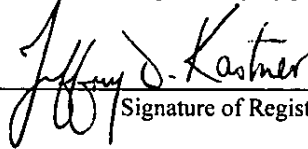
(Name of Registered Agent for Service of Process)

4. 5059 N.E. 18th Avenue

(Florida street address for Registered Agent)

Fort Lauderdale, Florida 33334

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. 5059 N.E. 18th Avenue

(Mailing address of initial designated office)

Fort Lauderdale, Florida 33334

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:

FLANIGAN'S ENTERPRISES, INC.

5059 N.E. 18th Avenue

Fort Lauderdale, Florida 33334

230494

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 18th day of January, 2012.

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.

FLANIGAN'S ENTERPRISES, INC., General Partner

by Jeffrey D. Kastner, as CFO & Secretary  
Jeffrey D. Kastner, CFO & Secretary

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**