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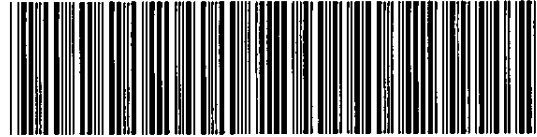
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**DATE:**

6/15/12

**NAME:**

276 NORTH MIAMI, LP

**TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP**

**COST:**

155.00

**RETURN:**

CERTIFIED COPY

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

Abbie Hodge

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 276 North Miami, L.P.

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:

Gary B. Crouch

Contact Person

ADR Partners, Inc.

Firm/Company

401 E. Las Olas Blvd., Suite 1400

Address

Ft. Lauderdale, Florida 33301

City, State and Zip Code

gcrouch@adr-partners.com

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

For further information concerning this matter, please call:

Danae Crawford

Name of Contact Person

at (972 ) 419-5514

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees  
((\$965 Filing Fee and  
\$35 Registered Agent  
Fee))
- ☐ \$1,008.75 Filing Fees  
and Certificate of  
Status
- ☒ \$1,052.50 Filing Fees  
and Certified Copy
- ☐ \$1,061.25 Filing Fees,  
Certified Copy, and  
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)

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

1. 276 North Miami, L.P.

(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.P.,*  
*or LLLP.*

2. 401 E. Las Olas Blvd., Suite 1400

(Street address of initial designated office)

Ft. Lauderdale, Florida 33301

3. Gary B. Crouch

(Name of Registered Agent for Service of Process)

4. 401 E. Las Olas Blvd., Suite 1400

(Florida street address for Registered Agent)

Ft. Lauderdale, Florida 33301

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. 401 E. Las Olas Blvd., Suite 1400

(Mailing address of initial designated office)

Ft. Lauderdale, Florida 33301

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:

276 North Miami GP, LLC

401 E. Las Olas Blvd., Suite 1400

Ft. Lauderdale, Florida 33301

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 14th day of June, 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.

276 North Miami GP, LLC

By: \_\_\_\_\_

Gary B. Crouch, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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