

A 12 600000982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

• Certified Copies _____ Certificates of Status _____

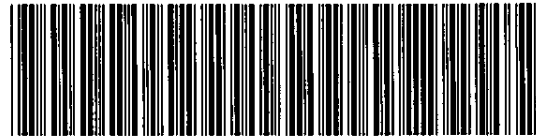
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 27 2012

EXAMINER



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FILED
12 DEC 26 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 473404 4332313

AUTHORIZATION :

COST LIMIT : \$ 1000.00

FILED
12 DEC 26 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 26, 2012

ORDER TIME : 11:20 AM

ORDER NO. : 473404-010

CUSTOMER NO: 4332313

* pls file 2nd *

DOMESTIC FILING

NAME: BROOKE SOFFER HOLDINGS, LP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooke Soffer Holdings, LP

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:

Jody L. Petras

Contact Person

Buchanan Ingersoll & Rooney PC

Firm/Company

One Oxford Centre, 301 Grant St., 20th Fl.

Address

Pittsburgh, PA 15219

City, State and Zip Code

jody.petras@bipc.com

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

For further information concerning this matter, please call:

Jody L. Petras

at (412) 392-2082

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
12 DEC 26 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
12 DEC 26 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Brooke Soffer Holdings, 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. 256 Bal Bay Drive, Bal Harbour, FL 33154

(Street address of initial designated office)

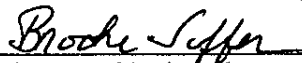
3. Brooke Soffer

(Name of Registered Agent for Service of Process)

4. 256 Bal Bay Drive, Bal Harbour, FL 33154

(Florida street address for Registered Agent)

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 Brooke Soffer

6. 256 Bal Bay Drive, Bal Harbour, FL 33154

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box
N/A

8. Name and business address of each general partner:

Name:

Business Address:

Brooke Soffer Management, LLC

256 Bal Bay Drive, Bal Harbour, FL 33154

L12000160703

9. Effective date, if other than the date of filing: Upon 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 26th day of December, 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.

BROOKE SOFFER MANAGEMENT, LLC

By: Brooke Soffer
Brooke Soffer, Managing Member

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75