

A13 000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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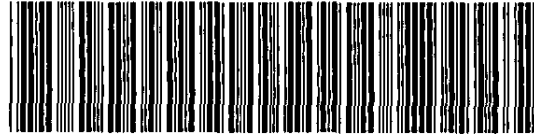
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 9 2013

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 485075 7918845

AUTHORIZATION :

COST LIMIT : \$ 1000

Spivey

ORDER DATE : January 4, 2013

ORDER TIME : 4:0 PM

ORDER NO. : 485075-001

CUSTOMER NO: 7918845

DOMESTIC FILING

NAME: HIGHLAND GLOBAL PHASE I LLLP

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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

1. HIGHLAND GLOBAL PHASE I 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. 197 South Federal Highway Suite 200
(Street address of initial designated office)
Boca Raton, FL 33432

3. Corporation Service Company
(Name of Registered Agent for Service of Process)
4. 1201 Hays Street
(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.*

Corporation Service Company

By:



Harry B. Clarke
Registered Agent

Signature of Registered Agent

6. 197 South Federal Highway Suite 200
(Mailing address of initial designated office)
Boca Raton, FL 33432

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:

MARC PAYNE

197 South Federal Highway, Suite 200

Boca Raton, FL 33432

JOSEPH WALSH

197 South Federal Highway, Suite 200

Boca Raton, FL 33432

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 7th day of JANUARY, 2013.

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 s.817.155, F.S.

MARC PAYNE

Joseph Walsh

Manfred

JH

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TALLAHASSEE, FLORIDA

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Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75