

6/20/2013 11:36:05 From: To: 8506176383

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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RE-SUBMIT

To:

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

Please retain original filing
date of submission 6/18

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED
13 JUN 20 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Homestead Leisure Associates Limited Partnership

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

JUN 21 2013

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Electronic Filing Menu

Corporate Filing Menu

Help

HOMESTEAD LEISURE ASSOCIATES, LLC
31550 Northwestern Hwy, Suite 200
Farmington Hills, MI 48334
(248) 851-2700

June 18, 2013

To Whom It May Concern:

I hereby certify that the undersigned, Spencer M. Partrich, is the Manager of Homestead Leisure Associates, LLC, a Florida limited liability company (the "LLC"), whose Florida Document ID number is L99000001668.

As Manager of the LLC, I hereby consent and authorize the use of the name "Homestead Leisure Associates" in the formation of the limited partnership to be filed in Florida under the name of "HOMESTEAD LEISURE ASSOCIATES LIMITED PARTNERSHIP".

Very truly yours,

HOMESTEAD LEISURE ASSOCIATES, LLC

By: 
Spencer M. Partrich, Manager

RECEIVED
JUN 18 AM 9 33
2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Leisure Associates Limited Partnership
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 M. Remer, Esq.

Contact Person

Maddin, Hauser, Wartell, Roth & Heller, P.C.

Firm/Company

28400 Northwestern Highway, Third Floor

Address

Southfield, MI 48034

City, State and Zip Code

brienberg@lautrecld.com

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

For further information concerning this matter, please call:

Barry Nienberg at (248) 851-2700

Name of Contact Person

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)

RECEIVED
JUN 18 2013
TALLAHASSEE, FL

2013 JUN 18 AM 9:33

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

1. Homestead Leisure Associates Limited Partnership

(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 LLP.

2. 31550 Northwestern Hwy, Suite 200

(Street address of initial designated office)

Farmington Hills, Michigan 48334

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, FL 33324

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.*

Connie Bryan
Signature of Registered Agent

Connie Bryan
Assistant Secretary

6. 31550 Northwestern Hwy, Suite 200

(Mailing address of initial designated office)

Farmington Hills, Michigan 48334

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

2013 JUN 18 PM 6:33
CALL 850-617-6383

8. Name and business address of each general partner:

Name:

Business Address:

Spencer M. Partrich

31850 Northwestern Hwy, Suite 200

Farmington Hills, Michigan 48334

Mickey Shapiro

31850 Northwestern Hwy, Suite 200

Farmington Hills, Michigan 48334

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 June, 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 in s.817.155, F.S.

X 
X _____

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

2013 JUN 18 AM 9:34
FILED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-20-2013 BY 60322
UCBAW