A13000000340

(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

400248519704

RECEIVED
DEPARTMENT OF STATE
13 JUN 24 PM 4:16

2013 JUN 24 AM 9:35

JUN 25 2013

T CLINE

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 700084 12000A

AUTHORIZATION :

COST LIMIT : $ 1000.00

ORDER DATE : June 24, 2013

ORDER TIME : 3:08 PM **PLEASE FILE 2ND**

ORDER NO. : 700084-010

CUSTOMER NO: 12000A

DOMESTIC FILING

NAME: BSC B/CT JV #2, LLLP

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: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

2013 JUN 24 AM 9:35

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

1. BSC B/CT JV #2, 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. 4650 Donald Ross Road, Suite 200
(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Peter Brock
(Name of Registered Agent for Service of Process)

4. 4650 Donald Ross Road, Suite 200
(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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. 4650 Donald Ross Road, Suite 200
(Mailing address of initial designated office)

Palm Beach Gardens, FL 33418

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

2013 JUN 24 AM 9:36

8. Name and business address of each general partner:

Name:	Business Address:
BSC B/CT GP #2, LLC	4650 Donald Ross Road, Suite 200
L13-91012	Palm Beach Gardens, FL 33418

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 21st 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.

BSC B/CT GP #2, LLC, General Partner
By:
Peter Brock, Manager

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75

2013 JUN 24 AM 9:36