

A1400000177

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

7329800.9094339

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 26 AM 9:35

FILED
AND
RECORDED

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

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
TURNBERRY OCEAN CLUB LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

**C. LEWIS
MAR 27 2014
EXAMINER**

RECEIVED
14 MAR 26 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turnberry Ocean Club 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:

Mario A. Romine

Contact Person

Turnberry Ocean Club

Firm/Company

19950 West Country Club Drive, 10th Floor

Address

Aventura, FL 33180

City, State and Zip Code

mromine@turnberry.com

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

For further information concerning this matter, please call:

Cindi Ciarcia

Name of Contact Person

at (305) 682-4232

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)

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AND
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14 MAR 26 AM 9:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. TURNBERRY OCEAN CLUB 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. 19950 West Country Club Drive, 10th Floor

(Street address of initial designated office)

Aventura, FL 33180

3. Mario A. Romine

(Name of Registered Agent for Service of Process)

4. 19950 West Country Club Drive, 10th Floor

(Florida street address for Registered Agent)

Aventura, FL 33180

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. 19950 West Country Club Drive, 10th Floor

(Mailing address of initial designated office)

Aventura, FL 33180

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Turnberry Ocean Club, LLC

19950 West Country Club Drive, 10th Floor

L05000096832

Aventura, FL 33180

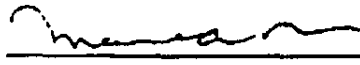
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9. Effective date, if other than the date of filing: _____

(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 26th day of March, 2014

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.

_____	<u></u>
_____	<u>For the General Partner</u>
_____	_____

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