

A140 00000345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

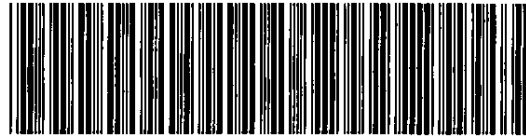
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700261633717

06/27/14--01028--019 **1000.00

14 JUN 27 AM 9:57
SECRET
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRM Associates of Florida 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:

Richard L. Allen, Esq.
Contact Person

Solowsky & Allen, P.L.
Firm/Company

201 S. Biscayne Blvd., # 915
Address

Miami, FL 33131
City, State and Zip Code

rallen@salawmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L. Allen at (305) 371-2223
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)

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

1. CRM Associates of Florida Limited Partnership

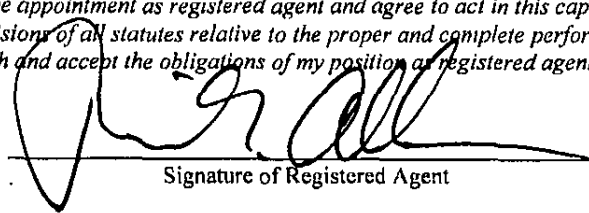
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.
or LLLP.*

2. 3200 N. Federal Highway, Ft. Lauderdale, FL 33306
(Street address of initial designated office)

3. Richard L. Allen, Esq.
(Name of Registered Agent for Service of Process)

4. 201 S. Biscayne Blvd., #915, Miami, FL 33131
(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

6. 3200 N. Federal Highway, Ft. Lauderdale, FL 33306
(Mailing address of initial designated office)

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

14 JUN 27 AM 9:57
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Andrew D. Gumberg

3200 N. Federal Highway

Ft. Lauderdale, FL 33306

Lawrence N. Gumberg

535 Smithfield Street, Suite 900

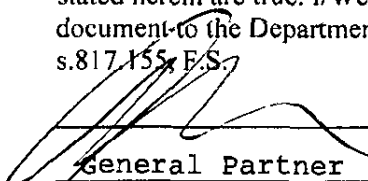
Pittsburgh, PA 15222

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

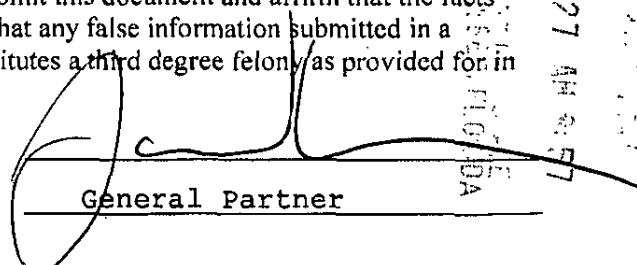
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 23 day of June, 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.



General Partner



General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75