

01/21/2015 15:06

(FAX)

P.001/004

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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: _____

FLORIDA/FOREIGN LP/LLLP
NES REALTY (MAGNOLIA JACKSONVILLE) ADA
COMPLIANT LIM

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

RECEIVED

15 JAN 21 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 21 PM 4:40

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JAN 22 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NES REALTY (MAGNOLIA JACKSONVILLE) ADA COMPLIANT 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:

MARJORIE MARGOLIES

Contact Person

WEISMAN BRODIE STARR & MARGOLIES PA

Firm/Company

140 N FEDERAL HIGHWAY, SUITE 200

Address

BOCA RATON, FL 33432

City, State and Zip Code

MMARGOLIES@WBSMLAWYERS.COM

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

For further information concerning this matter, please call:

MARJORIE MARGOLIES

Name of Contact Person

at (561) 241-6336

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

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TALLAHASSEE, FLORIDA

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

1. NES REALTY (MAGNOLIA JACKSONVILLE) ADA COMPLIANT 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.L.P. or LLLP.

2. 4444 STE CATHERINE STREET WEST, SUITE 100

(Street address of initial designated office)

WESTMOUNT, QUEBEC, CANADA H3Z 1 R2

3. MARJORIE MARGOLIES

(Name of Registered Agent for Service of Process)

4. 140 N. FEDERAL HWY., SUITE 200

(Florida street address for Registered Agent)

BOCA RATON, FL 33432

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. 4444 STE CATHERINE STREET WEST, SUITE 100

(Mailing address of initial designated office)

WESTMOUNT, QUEBEC, CANADA H3Z 1R2

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:Business Address:

MAGNOLIA PARK JACKSONVILLE ENTERPRISES, INC.

4444 STE CATHERINE STREET WEST, SUITE 100

WESTMOUNT, QUEBEC, CANADA H3Z 1R2

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 21 day of JANUARY, 2015.

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.

Fred Hall
VICE-PRESIDENT OF
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

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 TALLAHASSEE, FLORIDA

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