

Division of Corporations

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**A1500000151**  
Florida Department of State  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

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**FLORIDA/FOREIGN LP/LLLP  
Tangerine Community Partners LP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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 J. HARRIS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tangerine Community Partners 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:

Michael Bellman  
Contact Person

Tangerine Community Partners LP  
Firm/Company

638 E. Atlantic Avenue  
Address

Delray Beach, FL 33483  
City, State and Zip Code

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

For further information concerning this matter, please call:

Courtney L. Scanlon at ( 716 ) 848-1538  
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. Tangerine Community Partners 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 L.L.P.

2. 638 E. Atlantic Avenue, Delray Beach, FL 33483

(Street address of initial designated office)

3. Howard Steinberg

(Name of Registered Agent for Service of Process)

4. 638 E. Atlantic Avenue, Delray Beach, FL 33483

(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.*

Howard Steinberg

By:

  
Signature of Registered Agent

6. 638 E. Atlantic Avenue, Delray Beach, FL 33483

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:


<u>Name:</u> F13000002656	<u>Business Address:</u>
Community Partners GP Inc.	638 E. Atlantic Avenue
_____	Delray Beach, FL 33483
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 4th day of March, 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.



Michael Bellman, Treasurer of Community Partners GP Inc.

Filing Fees:	\$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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