

4/24/2015 1:15:59 PM From: To: 850 617 8383 (100)  
 Division of Corporations  
 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

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 205-8842  
 Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please relogin  
 date of submission 4/22

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

Email Address: \_\_\_\_\_

RECEIVED  
 15 APR 24 AM 10:00  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

**FLORIDA/FOREIGN LP/LLLP  
 FFMB HOUSING PARTNERS, LP**

Certificate of Status	0
Certified Copy	1
Page Count	045
Estimated Charge	\$1,052.50

FILED  
 2015 APR 22 AM 8:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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4/24/2015 12:15:59 PM From: To: 8506176383( 2/5 )  
850-617-6381 4/23/2015 3:55:33 PM FROM: FAX: FAX: FAX: FAX:



April 23, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: FFMB HOUSING PARTNERS, LP  
REF: W15000028425

Please refile original filing  
date of submission 4/22

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company has chosen to have a Limited Liability Limited Partnership therefore the suffix should be LLLP.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000098852  
Letter Number: 215A00008191

RECEIVED  
15 APR 24 AM 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FFMB Housing 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:

Al Schroeder

Contact Person

Vitus Group

Firm/Company

299 Broadway, Suite 1820

Address

New York, NY 10007

City, State and Zip Code

al.schroeder@vitusgroup.com

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

For further information concerning this matter, please call:

Al Schroeder

at ( 206 ) 832-1311

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(S965 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)

FILED  
2015 APR 22 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. FFMB Housing 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 LLLP.*

2. 299 Broadway, Suite 1820

*(Street address of initial designated office)*

New York, NY 10007

3. CT Corporation System

*(Name of Registered Agent for Service of Process)*

4. 1200 South Pine Island Road

*(Florida street address for Registered Agent)*

Plantation, FL 33324

*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 relating 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. 299 Broadway, Suite 1820, New York, NY 10007

*(Mailing address of initial designated office)*

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

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2015 APR 22 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

FFMB Housing Management, LLC

1700 Seventh Avenue, Suite 2000

Seattle, Washington 98101

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 15th day of April, 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.

FFMB Housing Management, LLC, by  
Vitus Development New York, LLC,  
by Vitus Development, LLC,  
by Stephen R. Whyte, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75