

A150000000312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

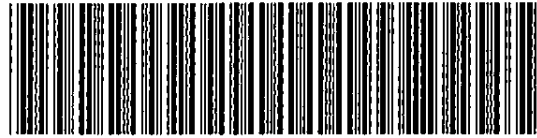
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800272966668

05/20/15--01001--025 **1000.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAY 19 PM 4:08
NOT AFFIXED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 MAY 19 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/18

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC

1. **GOLDSTEIN INVESTMENTS LIMITED PARTNERSHIP**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDSTEIN INVESTMENTS 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:

Joseph L. Schwartz

Contact Person

Boies, Schiller & Flexner

Firm/Company

2435 Hollywood Blvd.

Address

Hollywood, FL 33020

City, State and Zip Code

jschwartz@bsfilp.com

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

For further information concerning this matter, please call:

Joseph L. Schwartz

Name of Contact Person

at (954) 924-0300

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**

FILED
15 MAY 19 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. GOLDSTEIN INVESTMENTS 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. 2121 PONCE DE LEON BLVD., SUITE 1100, CORAL GABLES, FL 33134

(Street address of initial designated office)

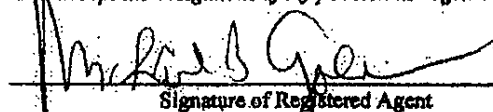
3. MICHAEL GOLDSTEIN

(Name of Registered Agent for Service of Process)

4. 2121 PONCE DE LEON BLVD., SUITE 1100, CORAL GABLES, FL 33134

(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. 2121 PONCE DE LEON BLVD., SUITE 1100, CORAL GABLES, FL 33134

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

MICHAEL GOLDSTEIN

2121 Ponce de Leon Blvd., Suite 1100

Coral Gables, Florida 33134

IRMA GOLDSTEIN

2121 Ponce de Leon Blvd., Suite 1100

Coral Gables, FLorida 33134

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 1 day of May, 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.817.135, F.S.

✓ Michael Goldstein
✓ Irma Goldstein

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75