

A1500000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

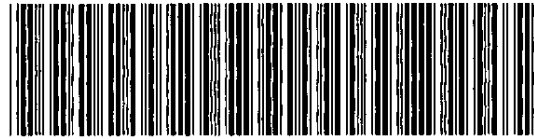
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 NOV -4 AM 11:56

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2015 NOV -4 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 05 2015

3 MASON

**Please file Second.
Do not separate*

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 839806 4336650

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1,061.25

ORDER DATE : October 21, 2015

ORDER TIME : 10:09 AM

ORDER NO. : 839806-005

CUSTOMER NO: 4336650

DOMESTIC FILING

NAME: BEACHADEL 8TH LP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - ext. 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachadel 8th 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:

Cecilia Hassan

Contact Person

Baker & McKenzie LLP

Firm/Company

1111 Brickell Avenue, Suite 1700

Address

Miami, FL 33131

City, State and Zip Code

cecilia.hassan@bakermckenzie.com

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

For further information concerning this matter, please call:

Cecilia Hassan

Name of Contact Person

at (305) 789-8939

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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. Beachadel 8th 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. 27 Boulevard Princesse Charlotte

(Street address of initial designated office)

MC - 98000 MONACO

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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

**Melissa Zender
Asst. Vice President**

6. _____

(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:

Le Terre di Mezzaluna Srl
M15000008886

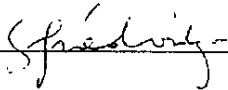
27 Boulevard Princesse Charlotte
MC - 98000 MONACO

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 October, 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.



Solina Le Sellier de Chezelles

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

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2015 NOV -4 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A1500000722

To whom it may concern:

I, Lucky Yang, on behalf of Corporation Service Company, would like to abandon document W15000071140 and request a refund for payments made for said document. Furthermore, I wish to release the name of Beachadel 8th LP.

IS\ Lucky Yang

CSC
1201 Hays Street
Tallahassee, FL
32301