

12/28/2015 1:28:34 PM FROM: Hunt, Gross, P.A. HUNT, GROSS, P.A. 1767 PAGE: 02  
Division of Corporations  
**A 15000090819**

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 : HUNT & GROSS, P.A.  
Account Number : T20010000038  
Phone : (561)997-9223  
Fax Number : (561)989-8998

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: dale.ned@chieftainproperties.com

FLORIDA/FOREIGN LP/LLLP  
315 FLAGLER, LP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 315 FLAGLER, 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:

BETSY COURANT  
 \_\_\_\_\_  
 Contact Person  
 HUNT & GROSS, P.A.  
 \_\_\_\_\_  
 Firm/Company  
 185 NW SPANISH RIVER BLVD., SUITE 220  
 \_\_\_\_\_  
 Address  
 BOCA RATON, FL 33431  
 \_\_\_\_\_  
 City, State and Zip Code  
 dale.reed@chleftainproperties.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Reed at ( 954 ) 591-6272  
 \_\_\_\_\_  
 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

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

1 315 FLAGLER, 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*

2 300 SW 1st Avenue, Suite 106  
(Street address of initial designated office)

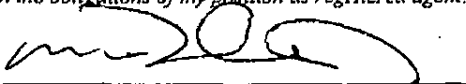
Fort Lauderdale, FL 33301

3 Dale Reed  
(Name of Registered Agent for Service of Process)

4 300 SW 1st Avenue, Suite 106  
(Florida street address for Registered Agent)

Fort Lauderdale, FL 33301

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

6 300 SW 1st Avenue, Suite 106  
(Mailing address of initial designated office)

Fort Lauderdale, FL 33301

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

315 FLAGLER GP, LLC

300 SW 1st Avenue, Suite 106

L15000210648


Fort Lauderdale, FL 33301

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 December, 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 s.817.155, F.S.



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TALLAHASSEE, FLORIDA

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Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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