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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

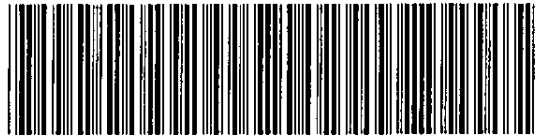
(Business Entity Name)

(Document Number)

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Y SULKER

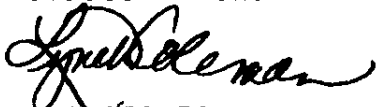
U16-22912

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

ACCOUNT NO. : I20000000195

REFERENCE : 079385 81372A

AUTHORIZATION :



COST LIMIT : \$ 1,052.50

ORDER DATE : March 28, 2016

ORDER TIME : 12:46 PM

ORDER NO. : 079385-005

CUSTOMER NO: 81372A

DOMESTIC FILING

NAME: SIEGEL FAMILY LIMITED
PARTNERSHIP

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
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
16 MAR 31 AM 11:30

March 29, 2016

CORPORATION SERVICE COMPANY
MELISSA ZENDER

RESUBMIT

Please give original
submission date as file date.

SUBJECT: SIEGEL FAMILY LIMITED PARTNERSHIP
Ref. Number: W16000022919

We have received your document for SIEGEL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker
Regulatory Specialist II

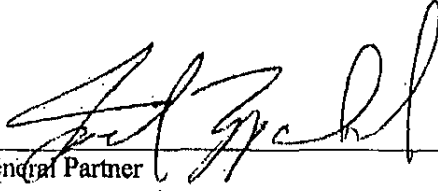
Letter Number: 316A00006337

CERTIFICATE OF LIMITED PARTNERSHIP

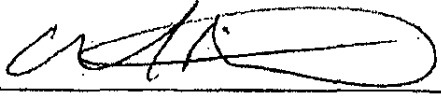
The undersigned individuals, does hereby execute the following document and set forth:

1. The name of the limited partnership:
Diane Siegel Family Limited Partnership
2. The street and mailing address of its office is:
400 S. Pointe Drive, Unit 404
Miami Beach, FL 33139
3. The name and address of its Registered Agent for Service of Process is:
Nicholas E. Christin
2800 Ponce de Leon Blvd., Suite 800
Coral Gables, FL 33134
4. The names, street and mailing addresses of the General Partners are:
Joel Zychick
400 S. Pointe Drive, Unit 404
Miami Beach, FL 33139

David Steinberg
90 Alton Road, Apt. 1401
Miami Beach, FL 33139
5. The names, street and mailing addresses of the Limited Partners are:
Diane Siegel
7102 Fisher Island Drive
Fisher Island, FL 33109
6. The latest date upon which the Limited Partnership is to dissolve is: December 31, 2044, unless otherwise extended by unanimous action by the Partners.

By: 

General Partner

By: 

General Partner

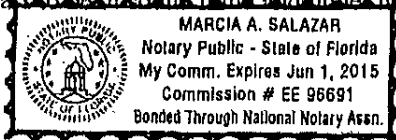
16 MAR 28 AM 10:33
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CLERK OF DISTRICT COURT
SOUTH DISTRICT OF FLORIDA
MIAMI BEACH, FLORIDA

STATE OF FLORIDA)

)SS:

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me this day, the undersigned authority in and for said county and state, on this 16th day of April, 2015, within my jurisdiction, the within named General Partner, personally known to me or proved to me by satisfactory evidence to be Joel Zyabick, who, acknowledged before me that he executed the foregoing Certificate of Limited Partnership on the day and year therein mentioned. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.



Marcia A. Salazar
NOTARY PUBLIC

My Commission Expires:

STATE OF FLORIDA)

)SS:

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me this day, the undersigned authority in and for said county and state, on this ____ day of _____, 20__, within my jurisdiction, the within named _____, personally known to me or proved to me by satisfactory evidence to be _____, who, acknowledged before me that he executed the foregoing Certificate of Limited Partnership on the day and year therein mentioned. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

[Signature]
NOTARY PUBLIC

My Commission Expires:

16 MAR 28 AM 10:33

16 MAR 28 AM 10:33