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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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2017 JUN 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
SMI CONCIERGE SERVICES, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 30 PM 12:55

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*****PLEASE FILE SECOND - FILE AFTER SMI CONCIERGE SERVICES GP, LLC*****

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUL 03 2017



June 30, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SMI CONCIERGE SERVICES, LTD:
REF: W17000054424

*****PLEASE FILE SECOND - FILE AFTER
SMI CONCIERGE SERVICES GP, LLC HAS BEEN FILED*******

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.

GP must be active.,

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

Dionne M Pijaux
Regulatory Specialist
Registration Section

FAX Aud. #: H17000172060
Letter Number: 617A00013297

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMI CONCIERGE SERVICES, LTD.

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:

CHRISTINA T. RODRIGUEZ

Contact Person

C/O HAYNES AND BOONE, LLP

Firm/Company

2323 VICTORY AVENUE, SUITE 700

Address

DALLAS, TEXAS 75219

City, State and Zip Code

BSTENSRUD@SUNTEX.COM

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

For further information concerning this matter, please call:

BRUCKER STENSRUD

Name of Contact Person

at (972) 789.1400

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 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

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

1. SMI CONCIERGE SERVICES, LTD.

(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 ALTON ROAD, SUITE 208
(Street address of initial designated office)
MIAMI BEACH, FLORIDA 33139

3. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

4. 1201 HAYS STREET
(Florida street address for Registered Agent)
TALLAHASSEE, FLORIDA 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

Paul Gottlieb
Vice President

6. 300 ALTON ROAD, SUITE 208
(Mailing address of initial designated office)
MIAMI BEACH, FLORIDA 33139

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

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8. Name and business address of each general partner:

Name:Business Address:SMI CONCIERGE SERVICES GP, LLC17330 PRESTON ROAD, SUITE 220ADALLAS, TEXAS 75252

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 28TH day of JUNE, 2017

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.

Bryan C. Redmond
BRYAN C. REDMOND, VICE PRESIDENT, ON BEHALF OF
SMI CONCIERGE SERVICES GP, LLC, ITS GENERAL PARTNER

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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TALLAHASSEE, FLORIDA

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