

**A1800000169**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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H180001226223ABCY

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**\*\*\*PLEASE GIVE  
ORIGINAL  
SUBMISSION DATE  
4/18/18\*\*\***

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**\*\*\*PLEASE GIVE  
ORIGINAL  
SUBMISSION DATE  
4/18/18\*\*\***

**\*\*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  
FLORIDA HOMES 8 LP**

**\*\*\*PLEASE GIVE  
ORIGINAL  
SUBMISSION DATE  
4/18/18\*\*\***

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

**\*\*\*PLEASE GIVE  
ORIGINAL  
SUBMISSION DATE  
4/18/18\*\*\***

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**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL**

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**FLORIDA HOMES 8 LLC**  
**2400 East Commercial Blvd., Suite 706 Fort**  
**Lauderdale, FL 33308**

April 23, 2018

Registration Section  
Division of Corporations  
Florida Department of State Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

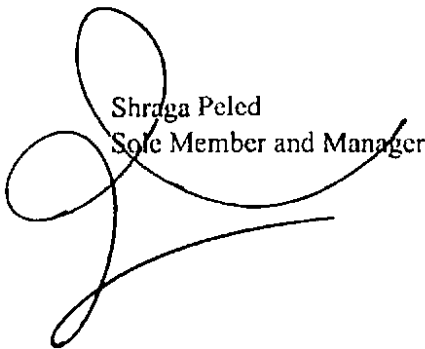
Ladies and Gentlemen:

Please be advised that the undersigned mistakenly filed Electronic Articles of Organization for Florida Homes 8 LLC on January 2, 2018 (L18000000812), and voluntarily dissolved such entity on April 11, 2018.

The undersigned (i) consents to the filing by Florida Homes 8 LP of the Certificate of Limited Partnership with the Florida Department of State; (ii) has no intention of revoking the dissolution filed on April 11, 2018; and (iii) consents to the use of the name "Florida Homes 8" by Florida Homes 8 LP.

Sincerely,

Shraga Peled  
Sole Member and Manager

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small loop at the end.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Homes 8 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:

Marvin D. Nathan

Contact Person

Nathan Sommers Jacobs

Firm/Company

2800 Post Oak Blvd., 61st Floor

Address

Houston, Texas 77056

City, State and Zip Code

mnathan@nathansommers.com

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

For further information concerning this matter, please call:

Marvin D. Nathan

Name of Contact Person

at (713) 892-4833

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$963 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees.<br>Certified Copy, and<br>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. Florida Homes 8 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. 2400 E. Commercial Blvd., Suite 706

(Street address of initial designated office)

Fort Lauderdale, FL 33308

3. Dee Chopyak

(Name of Registered Agent for Service of Process)

4. 2400 E. Commercial Blvd., Suite 706

(Florida street address for Registered Agent)

Fort Lauderdale, FL 33308

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. 2400 E. Commercial Blvd., Suite 706

(Mailing address of initial designated office)

Fort Lauderdale, FL 33308

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:

MTDP 8 Co.

2400 E. Commercial Blvd., Suite 706

Fort Lauderdale, FL 33308

## 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 18<sup>th</sup> day of April, 2018.

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.817.165, F.S.

By: MTDP 8 Co., a Delaware corporation, its: General Partner

By: \_\_\_\_\_

Shirley Felton, President

## 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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