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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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FLORIDA/FOREIGN LP/LLLP STRATFORD POINT APARTMENTS, LTD.

Certificate of Status	0	SSE
Certified Copy	0	- P
Page Count	03	S 7 / S
Estimated Charge	\$1,000.00	

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Help



37 COVER LETTER Registration Section Division of Corporations SUBJECT: Stratford Point Apartments, 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: Hanna Jamar Contact Person Lincoln Avenue Capital Firm/Company 680 5th Avenue 17th floor Address New York, NY 10019 City, State and Zip Code hanna@lincolnavecap.com jinxi@lincolnavecap.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Hanna Jamar Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: \$1,000.00 Filing Fees [\$1,052.50 Filing Fees \$1,061.25 Filing Fees, 181,008.75 Filing Fees Certified Copy, and and Certified Copy (\$965 Filing Fee and and Certificate of

STREET ADDRESS:

Fcc)

\$35 Registered Agent

Status

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

CR2E030 (01/06)

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Status

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

Stratford Point Apartments, 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.J.P. or LLLP.	71
(Street address of initial designated office)	TT1
Santa Monica, CA 90401	J
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. Corporation Service Corporation By: KADESHA ROBERSON, ASST. VICE Signature of Registered Agent	PRESIDENT
6.401 Wilshire Blvd, Suite 1070,	
(Mailing address of initial designated office)	
Santa Monica, CA 90401	
7. If limited partnership elects to be a limited liability limited partnership, check box	

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8. Name and business address of eac Name:	th general partner: Business Address:
Stratford Point GP LLC	401 Wilshire Blvd, Suite 1070,
	Santa Monica, CA 90401
	- 1 A 2020 - T
	N Section 19
	THE PERSON OF TH
	<u> </u>
	<u> </u>
9 Effective date, if other than the date of fi	iling:
(Effective date cannot be prior to no filed by the Florida Department of S	r more than 90 days after the date the document is tate.)
Signed this 12 day o	¡June , 2020 .
stated herein are true. I/We am/are a	We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
Geramy S. Bronfman By: Jeremy S. Bronfman, Manager Stratford Point GP LLC, its general	
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