

A20000000317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

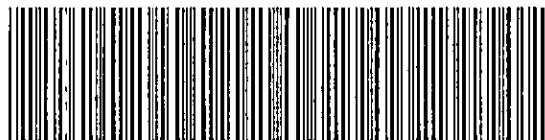
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 AUG 18 PM 2:44

2020 AUG 18 PM 4:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

45
8/19/20

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

ACCOUNT NO. : I20000000195

REFERENCE : 392272 8113042

AUTHORIZATION :

Spurlockman

COST LIMIT : \$ 1000.00

ORDER DATE : August 14, 2020

ORDER TIME : 9:24 AM

ORDER NO. : 392272-015

CUSTOMER NO: 8113042

2020 AUG 18 PM 4:46
FILED
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: DUNWOODIE PLACE PRESERVATION,
LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dunwoodie Place Preservation, 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@lincolnavicap.com jinx@lincolnavicap.com

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

For further information concerning this matter, please call:

Hanna Jamar at (646) 585-5525

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

CR2E030 (01/06)

2020 AUG 16 PM 4:46
TALLAHASSEE, FLORIDA

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

1. Dunwoodie Place Preservation, 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 L.L.L.P.*

2. 401 Wilshire Blvd, Suite 1070,

(Street address of initial designated office)

Santa Monica, CA 90401

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 Company

By: *Amanda E. Robinson*

Signature of Registered Agent

Amanda Robinson
Asst. Vice 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 ☐

8. Name and business address of each general partner:

Name:

Business Address:

Dunwoodie Place GP LLC

401 Wilshire Blvd, Suite 1070,
Santa Monica, CA 90401

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 14 day of August, 2020

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.

Jeremy S. Bronfman

By: Jeremy S. Bronfman, Manager of
Dunwoodie Place 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