

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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2020 DEC 18 PM 4:28

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

From: Account Name : GREENSPOON MARDER, P.A.
 Account Number : 076064003722
 Phone : (888) 491-1120
 Fax Number : (954) 333-4242

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

Email Address: Bgreenberg960@gmail.com

FLORIDA/FOREIGN LP/LLLP
Bruce I. Greenberg Family Ltd.

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$1,061.25 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bruce I. Greenberg Family 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:

Deb Nihiser
Contact Person
Greenspoon Marder LLP
Firm/Company
1144 15th Street, Suite 2700
Address
Denver, Colorado 80202
City, State and Zip Code
Bgreenberg/960@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Nihiser at (720) 625-2781
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 (6/17)

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

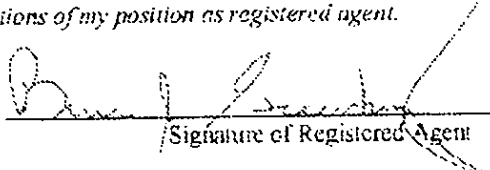
1. Bruce I. Greenberg Family Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or Li.L.P.

2. 2487 Eagle Watch Lane
(Street address of initial designated office)
Weston, Florida 33327

3. Bruce I. Greenberg
(Name of Registered Agent for Service of Process)

4. 2487 Eagle Watch Lane
(Florida street address for Registered Agent)
Weston, Florida 33327

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. 2487 Eagle Watch Lane
(Mailing address of initial designated office)
Weston, Florida 33327

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:

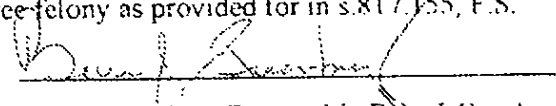
| | |
|---|--------------------------|
| <u>Name:</u> | <u>Business Address:</u> |
| Bruce I. Greenberg Rev Trust dtd 8/8/07 | 2487 Eagle Watch Lane |
| _____ | _____ |
| _____ | Weston, Florida 33327 |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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9. 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 16 day of December, 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.

| | |
|--------------------------------------|--|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Bruce I. Greenberg, Trustee of the Bruce I. Greenberg |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Revocable Trust dated August 8, 2007, the 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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