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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 373282 4336896
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1052.50

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 13, 2006
ORDER TIME : 3:12 PM
ORDER NO. : 373282-010
CUSTOMER NO: 4336896

FOREIGN FILINGS

NAME: J.A. RAPAPORT FAMILY LIMITED
PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: On Hold -- See Rep -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. J. A. RAPAPORT FAMILY LIMITED PARTNERSHIP

(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE

(State or Country of Formation)

3. AUGUST 5, 2002

(Date of Formation)

4. AMY E. SCHULTZ

(Name of Registered Agent for Service of Process)

5. 700 NORTH OLIVE AVENUE, SUITE #2

(Florida street address for Registered Agent)

WEST PALM BEACH, FLORIDA 33401

6. 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

7. 700 NORTH OLIVE AVENUE, SUITE #2

(Principal office address)

WEST PALM BEACH, FLORIDA 33401

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 700 NORTH OLIVE AVENUE, SUITE #2
(Mailing address)

WEST PALM BEACH, FLORIDA 33401

10. Name, principal office address, and mailing address of each general partner:

J. A. RAPAPORT FAMILY MANAGEMENT, INC. 700 NORTH OLIVE AVENUE, SUITE #2
(Name) (Street Address)
WEST PALM BEACH, FLORIDA 33401

F06000005879

700 NORTH OLIVE AVENUE, SUITE 32
(Mailing Address)
WEST PALM BEACH, FLORIDA 33401

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

11. Effective date, if other than the date of filing:_____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 07 day of Sept, 20 06.

Signature of a general partner:

James A. Raymont

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

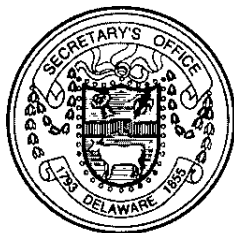
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3555091 8300

060839704

AUTHENTICATION: 5033564

DATE: 09-12-06