

130600000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

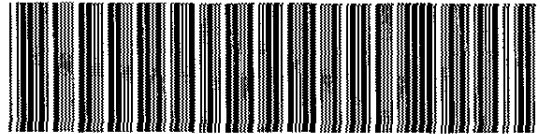
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06 DEC 19 AM 11:33  
STATE OF FLORIDA  
CORPORATIONS

FILED  
06 DEC 19 PM 3:33  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*CLPF/MMIC Venture, L.P.*

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TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- ☒ Foreign ~~Corp~~ File *Ltd*
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☒ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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

FILED  
06 DEC 19 PM 3:33  
TALLAHASSEE, FLORIDA

1. CLPF/MMIC Venture, L.P.

(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. 12/8/06

(Date of Formation)

4. Douglas R. Maxwell

(Name of Registered Agent for Service of Process)

5. 10739 Deerwood Park Boulevard, Suite 200A

(Florida street address for Registered Agent)

Jacksonville, FL 32256

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. 7785 Baymeadows Way, Suite 200

(Principal office address)

Jacksonville, FL 32256

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

9. 7785 Baymeadows Way, Suite 200

(Mailing address)

Jacksonville, FL 32256

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

Montecito MOB Management, LLC

(Name)

7785 Baymeadows Way, Suite 200

(Street Address)

*MOB OWNERS*

Jacksonville, FL 32256

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
_____	(Street Address)
(Name)	_____
_____	(Mailing Address)
_____	_____

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

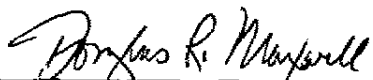
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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 18th day of December, 20 06

Signature of a general partner:

Montecito MOB Management, LLC, general partner

By: 

Name: Douglas R. Maxwell

Title: Vice President & Asst. Secty

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 "CLPF/MMIC VENTURE L.P." 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 ELEVENTH DAY OF DECEMBER, A.D. 2006.



4264884 8300  
061123665

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5262880

DATE: 12-11-06