

# B07000000373

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
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H07000298794  
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Thanks!*

FLORIDA/FOREIGN LP/LLP

Parkwood Plaza Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$1,000.00

**\*RE-SUBMIT\***

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date of submission 12/13/07*

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December 14, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: PARKWOOD PLAZA LIMITED PARTNERSHIP  
REF: W07000060647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lynn  
Regulatory Specialist IIFAX Aud. #: H07000298799  
Letter Number: 907A00070160

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

1. Parkwood Plaza 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 3. May 29, 1996  
(State or Country of Formation) (Date of Formation)

4. C T Corporation System  
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road  
(Florida street address for Registered Agent)

Plantation, FL 33324

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.

C T Corporation System

By:

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Signature of Registered Agent

7. 465 Park Avenue, Apt. 6B, New York, NY 10022  
(Principal office address)

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

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DIVISION OF CORPORATIONS  
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9. 465 Park Avenue, Apt. 6B, New York, NY 10022  
(Mailing address)

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

<u>Wetenhall Realty Corporation</u>	<u>465 Park Avenue, Apt. 6B</u>
(Name)	(Street Address)
	<u>New York, NY 10022</u>
	(Mailing Address)
	<u>465 Park Avenue, Apt. 6B</u>
	(Street Address)
	<u>New York, NY 10022</u>
	(Mailing Address)
<u></u>	<u></u>
(Name)	(Street Address)
	<u></u>
	(Mailing Address)
<u></u>	<u></u>
(Name)	(Street Address)
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	(Mailing Address)
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(Name)	(Street Address)
	<u></u>
	(Mailing Address)

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

11. Effective date, if other than the date of filing: upon 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 11th day of December, 20 07

Signature of a general partner:  
see attached signature page

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

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GENERAL PARTNER:

WETENHALL REALTY CORPORATION

By: 

Name: Robert C. Wetenhall

Title: President

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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARKWOOD PLAZA 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2007.

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



2627715 8300

071357226

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6261219

DATE: 12-21-07