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Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA/FOREIGN LP/LLLP

CMS Edu Broward, L.P.

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A. LUNT

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EXAMINER

Electronic Filing Menu

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Help

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

1. CMS Edu Broward, 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.

July 30, 2008

(Date of Formation)

4.

CT Corporation System

(Name of Registered Agent for Service of Process)

5.

1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

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.

CT Corporation System

By:

Korri A. Behler
Signature of Registered Agent

KORRI A. BEHLER
Special Assistant Secretary

7. C/o CMS Companies

(Principal office address)

308 East Lancaster Avenue, Suite 300, Wynnwood, PA 19096

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

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9. C/o CMS Companies, 308 East Lancaster Avenue, Suite 300, Wynnewood, PA 19096
(Mailing address)

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

CMS Edu Broward GP, L.P.
(Name)

308 East Lancaster Avenue, Suite 300
(Street Address)
Wynnewood, PA 19096

808-170

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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

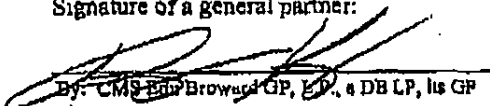
11. Effective date, if other than the date of filing: _____

(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 31st day of July, 20 08

Signature of a general partner:


By: CMS Broward GP, LP, & DB LP, its GP
Name: Richard A. Kuwait
"Authorized Signatory"

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 "CMS EDU BROWARD, 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 THIRTIETH DAY OF JULY, A.D. 2008.



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at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6761894

DATE: 07-30-08