

6090000000/62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

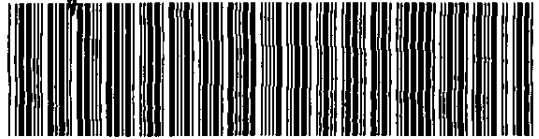
W09-34510

A. LUNT

OCT 28 2009

EXAMINER

Office Use Only



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07/28/09--01052--001 **1052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 27 PM 3:54

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

LIZA DE LA PAZ
P.O. BOX 193730
SAN FRANCISCO, CA 94119

SUBJECT: PIER 39 LIMITED PARTNERSHIP
Ref. Number: W09000034510

We have received your document for PIER 39 LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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 Lunt
Regulatory Specialist II

Letter Number: 609A00026009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2009

LIZA DE LA PAZ
P.O. BOX 193730
SAN FRANCISCO, CA 94119

SUBJECT: PIER 39 LIMITED PARTNERSHIP
Ref. Number: W09000034510

We have received your document for PIER 39 LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

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 Lunt
Regulatory Specialist II

Letter Number: 009A00030531

PIER 39

October 12, 2009

Ms. Agnes Lunt
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reference Number W09000034510
PIER 39 Limited Partnership

Dear Ms. Lunt:

Enclosed please find a current Certificate of Status for PIER 39 Limited Partnership. For your reference I have also included a copy of the letter sent by your office indicating that this form is the final piece necessary to resume registration of PIER 39 Limited Partnership with the State of Florida. We apologize for any inconveniences.

Thank you for your attention to this matter. Please contact me at 415-705-5536 should have further requirements.

Sincerely,



Liza de la Paz

Enclosures.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIER 39 LIMITED PARTNERSHIP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

LIZA DE LA PAZ
Contact Person
PIER 39 LIMITED PARTNERSHIP
Firm/Company
P.O. BOX 193730
Address
SAN FRANCISCO, CA 94119
City, State and Zip Code
liza@pier39.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LIZA DE LA PAZ at (415) 705-5500
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 Fee, 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

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

1. PIER 39 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. CALIFORNIA 3. JUNE 17, 1985

State or Country of Formation

Date of Formation

4. MARY MOFFETT

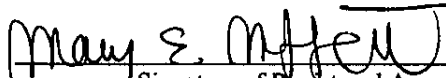
Name of Registered Agent for Service of Process

5. 1800 PURDY AVENUE, #1901

Florida street address for Registered Agent

MIAMI BEACH, FL 33139

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. 1800 PURDY AVENUE, #1901

Principal office address

MIAMI BEACH, FL 33139

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

9. P.O. BOX 193730
(Mailing address)

SAN FRANCISCO, CA 94119

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

PIER 39 GP LLC

Name

BEACH & EMBARCADERO,

Street Address

STAIRWAY 2, LEVEL 3, SF, CA 94133

P.O. BOX 193730

Mailing Address

Mailing Address
SAN FRANCISCO, CA 94119

MO9-3646

Street Address

Name

Mailing Address

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 27 PM 3:54

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_____	_____
Name	Street Address
_____	_____
_____	Mailing Address
_____	_____
_____	Street Address
Name	_____
_____	Mailing Address
_____	_____

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 TALLAHASSEE, FLORIDA

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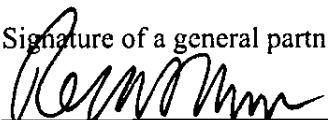
11. Effective date, if other than the date of filing: _____.

(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 15th day of JULY, 2009.

Signature of a general partner:

^ 

ROBERT MOOR
 Member, Pier 39 GP, LLC.

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PIER 39 LIMITED PARTNERSHIP

FILE NUMBER: 198516800047
FORMATION DATE: 06/17/1985
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of October 7, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State