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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000018342 3)))



H100000183423ABCT

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 1/27/10

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Please use zwerling@optonline.net.

FLORIDA/FOREIGN LP/LLLP  
CZ Partners, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

2010 JAN 27 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A. LUNT

JAN 29 2010

EXAMINER

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10 JAN 28 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



January 28, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: C2 PARTNERS, L.P.  
REF: W10000004442

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name 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

FAX Aud. #: H10000018342  
Letter Number: 210A00002296

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

1. CZ Partners, 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.

CZ Investment Partners, L.P.

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. May 18, 2000

Date of Formation

4. Gary L. Zwerling

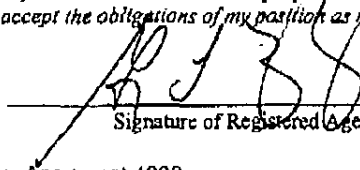
Name of Registered Agent for Service of Process

5. 17885 Collins Avenue, Apartment 4203

Florida street address for Registered Agent

Sunny Isles Beach, Florida 33160

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 Gary L. Zwerling

7. 17885 Collins Avenue, Apartment 4203

Principal office address

Sunny Isles Beach, Florida 33160

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

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9. 2221 N.E. 164th Street, #1107

(Mailing address)

Aventura, Florida 33160

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

Gary L. Zwerling

Name

17885 Collins Avenue, Apartment 4203

Street Address

Sunny Isles Beach, Florida 33160

2221 N.E. 164th Street, #1107

Mailing Address

Aventura, Florida 33160

Maricose Zwerling

Name

17885 Collins Avenue, Apartment 4203

Street Address

Sunny Isles Beach, Florida 33160

2221 N.E. 164th Street, #1107

Mailing Address

Aventura, Florida 33160

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

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TALLAHASSEE, FLORIDA

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_____	_____
Name	Street Address
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Name	Street Address
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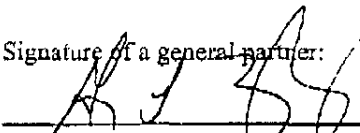
11. Effective date, if other than the date of filing: \_\_\_\_\_.

*(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 22nd day of January, 20 10.

Signature of a general partner:

  
 \_\_\_\_\_  
 Gary L. Zwerling, a General Partner

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

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CZ PARTNERS, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2010.

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

3227972 8300

100075146

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7780192

DATE: 01-26-10