

# B10000000052

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

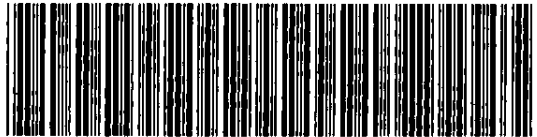
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 18 2010

EXAMINER

STONY POINTE

2 of 2

Please keep together

Please process this 2nd (after Application for corp.  
of general partner has  
been processed)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STONY POINTE 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:

Brady Stefani

Contact Person

Stefani & Stefani, PC

Firm/Company

512 E. Eleven Mile Rd

Address

Royal Oak, MI 48067

City, State and Zip Code

brady@stefani-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brady Stefani

Name of Contact Person

at ( 248 ) 544-3400

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

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TALLAHASSEE, FLORIDA

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

1. STONY POINTE 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. Michigan

State or Country of Formation

3. April 24, 1986

Date of Formation

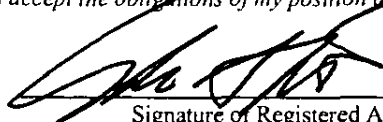
4. Angelo E. Iafate

Name of Registered Agent for Service of Process

5. 2100 E. Bay Dr., Ste 205, Largo, FL 33771

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.



Signature of Registered Agent

7. 26300 Sherwood Drive, Warren, MI 48091

Principal office address

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

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TALLAHASSEE, FLORIDA

9. \_\_\_\_\_  
(Mailing address)

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

STONY POINTE DEVELOPMENT  
Name CORP  
F98000004400

512 E 11 MILE RD  
Street Address  
ROYAL OAK, MI 48067

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Name

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Street Address

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Mailing Address

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Name

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Street Address

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Mailing Address

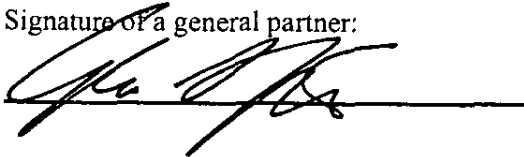
11. Effective date, if other than the date of filing: date of filing

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

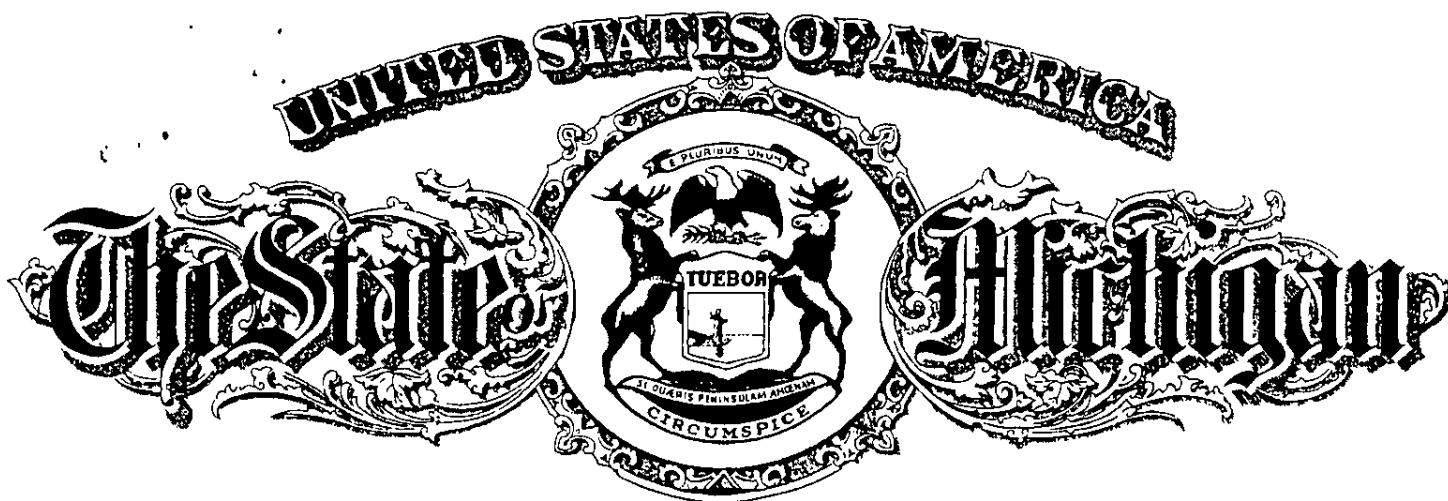
12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 16th day of March, 20 10

Signature of 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



Department of Energy, Labor & Economic Growth

Lansing, Michigan

*This is to Certify That*

**STONY POINTE LIMITED PARTNERSHIP**

*a Michigan limited partnership was formed on April 24, 1986.*

*I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of March, 2010.*

, Director  
Bureau of Commercial Services