

Division of Corporations

B10000000185

Florida Department of State  
Division of Corporations  
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 : FCA000000023  
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**\*RE-SUBMIT\***

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

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

FLORIDA/FOREIGN LP/LLLP  
Castlefrank Florida Holdings L.P.

Certificate of Status	0
Certified Copy	0
Page Count	15
Estimated Charge	\$1,000.00

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November 15, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: CASTLEFRANK FLORIDA HOLDINGS L.P.  
REF: W10000053260

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

FAX Aud. #: H10000246640  
Letter Number: 510A00026665

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Castlefrank Florida Holdings L.P.  
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:

Deborah E. Kalstek, Paralegal

Contact Person

Hodgson Russ LLP

Firm/Company

140 Pearl St., Ste. 100

Address

Buffalo, NY 14202

City, State and Zip Code

hunter@milborne.com

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

For further information concerning this matter, please call:

Deborah E. Kalstek

at ( 716 ) 848-1371

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

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

1. CASTLEFRANK FLORIDA HOLDINGS 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. 10/13/10

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

LOU DEFABRIZIO

8541 West Gulf Blvd.

Treasure Island, FL 33706

5. 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.

By: [Signature]

Signature of Registered Agent

7. Principle Office: (Florida Street Address)

8541 West Gulf Blvd.

Treasure Island, FL 33706

8. Mailing Address:

8541 West Gulf Blvd.

Treasure Island, FL 33706

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

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

Name of General Partner: Castlefrank Holdings Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 385 Madison Ave.

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

Toronto Ontario M4V 2W7 Canada

Mailing Address: 385 Madison Ave.

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

Toronto Ontario M4V 2W7 Canada

Name of General Partner: FI-4793

Name of General Partner: \_\_\_\_\_

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

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

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

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

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Mailing 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 \_\_\_\_\_ day of October 20 10  
 Castlefrank Holdings Inc  
 By: \_\_\_\_\_  
 Signature of a general partner  
 Lou DeFabrizio, President

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLEFRANK FLORIDA HOLDINGS 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4884225 8300

101088476

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: 8353549

DATE: 11-15-10