

Division of Corporations

Page 1 of 1

850-245-6030

Attn: Brenda  
**B11000000003**

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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP  
 Account Number : 075350000132  
 Phone : (305)374-7580  
 Fax Number : (305)351-2122

\*\*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/LLP  
 OPUS CONDOMINIUM LP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

2nd Fax  
 Confirmation  
 Attached..

Vivian R.

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Electronic Filing Menu

Corporate Filing Menu

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B. T. T. T. JAN 07 2011

\*\*\* TRANSMISSION REPORT \*\*\*

PRINT TIME 01/06 '12 09:54 ID:BILZIN,SUMBERG

FAX:3053747593

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Division of Corporations

Page 1 of 1

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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\*\*\* TRANSMISSION REPORT \*\*\*

PRINT TIME 01/04 '12 15:55 ID:BILZIN,SUMBERG

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OPUS CONDOMINIUM LP

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H11000002905 3

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

1. OPUS CONDOMINIUM LP

(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 L.L.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. 9/23/10

Date of Formation

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

C T Corporation System1200 South Pine Island RoadPlantation, FL 33324

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.

*Madonna Cuddihy*  
Signature of Registered Agent

**Madonna Cuddihy**  
Special Assistant Secretary

## 7. Principle Office: (Florida Street Address)

None

## 8. Mailing Address:

c/o Bayshore Group of Companies, Commerce Court West199 Bay Street, Suite 2900Toronto, Ontario M5L 1G49. 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: Opus Condominium LLC *m11-36*

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

Street Address: c/o Bayshore Group of Companies, Commerce Court West

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

199 Bay Street, Suite 2900 Toronto, Ontario M5L 1G4Mailing Address: c/o Bayshore Group of Companies, Commerce Court West

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

199 Bay Street, Suite 2900 Toronto, Ontario M5L 1G4

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

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

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

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

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

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN - 4 PM 3:51

H11000002905 3

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 4th day of January, 20 11  
Opus Condominium LLC, general partner  
//s// Henry J. Wolfond

Signature of a general partner

By: Henry J. Wolfond, authorized person

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

Page 2 of 2

H11000002905 3

H11000002905 3

# Delaware

PAGE 1

## *The First State*

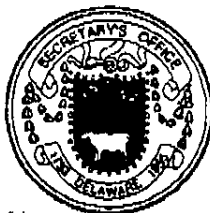
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPUS CONDOMINIUM LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2011.

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

4875776 8300

110005510

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8468072

DATE: 01-03-11

H11000002905 3