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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

## FLORIDA/FOREIGN LP/LLLP

las olas riverfront, lp

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,008.75

C. LEWIS 1105 ME YAM

**EXAMINER** 

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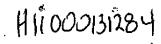
https://efile.sunbiz.org/scripts/efilcovr.exe

5/13/2011

EMPIRE CORP KIT

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LAS OLAS RIVERFRONT, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign fimited partnership or limited fiability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

GRISKA ARGUELLO		
Contact Person		
THOMAS G. SHERMAN, P.A.		
Firm/Company		
90 ALMERIA AVE.		
Address		
CORAL GABLES, FL 33134		
City, State and Zip Code		
GRISKA@UNIONTITLESERVICES.Co		
For further information concerning this matter, please call:		
GRISKA ARGUELLO	at (305 ) 448-5898 EXT. 204	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:		
(\$965 Filing Fee and \$35 Registered Agent Status	S1,052.50 Filing Fees S1,061.25 Filing Fee, Certified Copy and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

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Tallahassec, FL 32301

FILED

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLÓRIDA

2011 HAY 16 PM 18 29

LAS OLAS RIVERFRONT, LP SECRETARY OF STATE (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Parmership suffixes: Limited Parmership, Limited, L.P., LP, or Ltd. TALLAHASSEE, FLORIDA Acceptable Limited Liability Limited Parmership suffixes: Limited Liability Limited Parmership, 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 Date of Formation State or Country of Formation 4. Name of Registered Agent for Service of Process and Florida Street Address: Thomas G. Sherman, P.A. 90 Almeria Ave. Coral Gables, FL 33134 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 um familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent 7. Principle Office: (Floridu Street Address) 8. Mailing Address: 2755 East Oakland Blvd. 300 SW 1st Ave. Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33308 9. If limited partnership is a limited liability limited partnership, check box 10. Numu, principal office address, and multing address of each general partner:

Name of General Purtner: LAS OLAS INVESTMENTS, LLC Name of General Partner: Street Address: 2755 East Oakland Blvd. Street Address: Fort Lauderdale, FL 33308 Mailing Address: 2755 East Oakland Blvd. Mailing Address: Fort Lauderdale, FL 33308 Name of General Partner: Name of General Partner:\_ Street Address: Street Address: \_\_\_\_\_ Mailing Address:

Page 1 of 2

Mailing Address:

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 mare Fiorida Department of State, by the Secretary of State or other official the law of which it is organized.	al having custody of the entity's records in the jurisdiction under	
Signed this 12 <sup>-12</sup> day of 404	11.	
Signature of a general partner		

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 follows as provided for in s.817.155, F.S.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2

PAGE 04/05

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## The First State

I, JEFFREY W. BULLOCK, SECKETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAS OLAS RIVERFRONT, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO PAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2011.

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AUTHENTI MITON : 6755371

DATE: 05-11-11

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