

Divisi

B120000000082

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000007848 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****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
CSC PB BEACH LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2012 JAN 10 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

12 JAN 10 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**J. SAULSBERRY
EXAMINER**

JAN 11 2012

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

1. CSC PB BEACH 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. LP or L.LLP.

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. AUGUST 17, 2005

Date of Formation

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

Crimson Property Holdings, LLC

340 Royal Palm Way

Palm Beach, FL 33401

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. Crimson Property Holdings, LLC

By:

Signature of Registered Agent

Joseph C. Colten, Authorized Person on behalf of
Crimson Property Holdings, LLC, its General Partner

7. Principle Office: (Florida Street Address)

340 Royal Palm Way

Palm Beach, FL 33401

8. Mailing Address:

c/o Crimson Property Holdings, LLC

340 Royal Palm Way

Palm Beach, FL 33401

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: Crimson Property Holdings, LLC

Name of General Partner:

Street Address: 340 Royal Palm Way

Street Address:

Palm Beach, FL 33401

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

FILED
2012 JAN 10 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10th day of JANUARY, 20 12

 Joseph C. Cohen, Authorized Person on behalf of
Crimson Property Holdings, LLC, its General Partner

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 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

FILED
2012 JAN 10 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSC PB BEACH LIMITED PARTNERSHIP" 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 NINTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSC PB BEACH LIMITED PARTNERSHIP" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2005.

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

FILED
2012 JAN 10 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4014413 8300

120028014

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9284629

DATE: 01-09-12