

B120000000172

(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:

Office Use Only



300238198133

08/07/12--01024--017 **1000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG -7 AM 8:12

FILED

J. SAULSBERRY
EXAMINER

AUG 8 2012



**SICILIANO
MYCHALOWYCH
& VAN DUSEN**

PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS AND COUNSELORS

37000 GRAND RIVER AVENUE, SUITE 350, FARMINGTON HILLS, MICHIGAN 48335 248-442-0510 FAX 248-442-0518

Joseph A. Siciliano
Andrew W. Mychalowych
Timothy R. Van Dusen

Website
www.smv-law.com

Of Counsel:

Gerald E. Grimes
Frank C. Kerr

Meghan W. Cassidy
Lindsay James
Molly Strand Leslie
Katherine K. Heritage
Adam M. Richard

August 6, 2012

Florida Department of state
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 AUG -7 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Re: Registration of Cambridge Limited Partnership – II
A Michigan Limited Partnership**

Dear Sir or Madam:

Enclosed please find the following for filing and registration:

1. Cover Letter providing the undersigned's contact information;
2. \$1,000 filing fee;
3. Application by Foreign Limited Partnership; and
4. Certificate of Limited Partnership from the State of Michigan issued on July 11, 2012.

Please process in your usual manner and contact the undersigned with any questions or concerns.
Thank you.

Very truly yours,

SICILIANO MYCHALOWYCH & VAN DUSEN, PLC

Meghan W. Cassidy

Enclosures.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cambridge Limited Partnership - II

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:

Meghan W. Cassidy

Contact Person

SMV Law Offices

Firm/Company

37000 Grand River Ave., Ste. 350

Address

Farmington Hills, MI 48335

City, State and Zip Code

MCassidy@SMV-law.com

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

For further information concerning this matter, please call:

Meghan W. Cassidy

at (248) 442-0510

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG -7 AM 8:12

FILED

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

1. Cambridge Limited Partnership - II

(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. 1/5/1982

Date of Formation

4. Federal Employer Identification Number: 38-2402073

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

Mitchell McRae

5300 West Atlantic Ave., Ste.412

Delray Beach, FL 33484

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. Principal Office:

Cambridge Limited Partnership-II

5300 West Atlantic Ave., Ste.412

Delray Beach, FL 33484

8. Mailing Address:

Cambridge Limited Partnership -II

5300 West Atlantic Ave., Ste.412

Delray Beach, FL 33484

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: David Clapper

Street Address: 7305 Bay Street

St. Pete Beach, FL 33706

Mailing Address: 7305 Bay Street

St. Pete Beach, FL 33706

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

FILED
2012 AUG -7 AM 8:12
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.

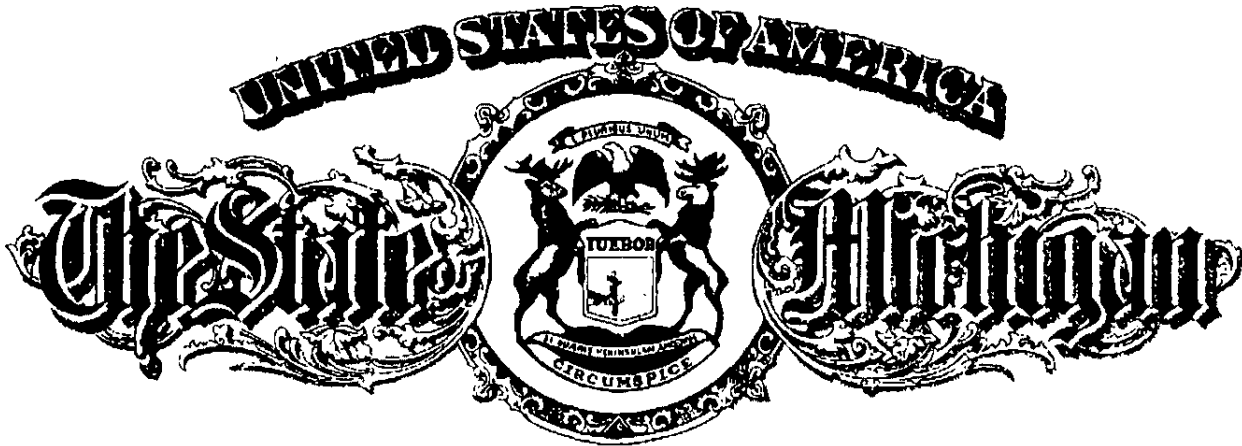
Signed this 6th day of August, 2012.


 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 AUG -7 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That the Certificate of Limited Partnership of

CAMBRIDGE LIMITED PARTNERSHIP-II

was transferred to the administrator from the Office of the County Clerk of Oakland County, pursuant to the provisions of Section 1105 of Act 213, Public Acts of 1982, as amended. The Certificate of Limited Partnership was certified by Oakland County to have been duly filed in that county on January 5, 1982, in conformity with 1931 PA 110, as amended, or a predecessor act.

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

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.

FILED
 2012 AUG -7 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of July, 2012.

Director

Sent by Facsimile Transmission
1081397

Bureau of Commercial Services