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Florida Department of State

Division of Corporations

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

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Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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FLORIDA/FOREIGN LP/LLLP
CULVER VISTA PARTNERS, L.P.

Certificate of Status	1
Certified Copy	1
Page Count	96
Estimated Charge	$1,061.25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Culver Vista Partners, 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:

John G. Burgee
Contact Person

Burgee & Abramoff, PC
Firm/Company

20501 Ventura Boulevard, Suite 262
Address

Woodland Hills, CA 91364
City, State and Zip Code

jburgee@bandalaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John G. Burgee at (818) 264-7575
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. Culver Vista Partners, 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. California
State or Country of Formation

3. June 12, 1995
Date of Formation

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

Stuart Grossman

201 South Biscayne Boulevard, 22nd Floor

Miami, FL 33131

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.*

Signature of Registered Agent

7. Principle Office: (Florida Street Address)

95 North County Road

Palm Beach, FL 33480

8. Mailing Address:

95 North County Road

Palm Beach, FL 33480

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: Millennium Holdings, Inc.
Street Address: 95 North County Road, Palm Beach, FL 33480
Mailing Address: 95 North County Road, Palm Beach, FL 33480

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street 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 26th day of October 20 12

_____
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**

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TALLAHASSEE, FLORIDA

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CULVER VISTA PARTNERS, L.P.

FILE NUMBER:	199616500024
FORMATION DATE:	06/12/1996
TYPE:	DOMESTIC LIMITED PARTNERSHIP
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 12, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

NP-25 (REV 1/2007)

MAR

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