

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-0821  
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  
IDOYA PARTNERS L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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Corporate Filing Menu

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G. MCLEOD

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EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Idoya 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:

Susan G. Schneider

Contact Person

c/o Seward & Kissel LLP

Firm/Company

One Battery Park Plaza

Address

New York, NY 10004

City, State and Zip Code

mchung@prescottinvestors.com

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

For further information concerning this matter, please call:

Susan G. Schneider

Name of Contact Person

at (212)

574-1389

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

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

1. Idoya 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. New York 3. March 16, 1992  
State or Country of Formation Date of Formation

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

Michelle Chung  
2200 Butts Road, Suite 320  
Boca Raton, Florida 33431

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. Michelle Chung

By: 

Signature of Registered Agent

7. Principle Office: (Florida Street Address)

2200 Butts Road, Suite 320  
Boca Raton, Florida 33431

8. Mailing Address:

2200 Butts Road, Suite 320  
Boca Raton, Florida 33431

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: <u>Prescott General Partners, LLC</u>	Name of General Partner: _____
Street Address: <u>2200 Butts Road, Suite 320</u>	Street Address: _____
<u>Boca Raton, Florida 33431</u>	_____
Mailing Address: _____	Mailing Address: _____
_____	_____
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
_____	_____
Mailing Address: _____	Mailing Address: _____
_____	_____

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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: Upon 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 12th day of November, 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.817.133, 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

**State of New York  
Department of State } ss:**

*I hereby certify, that IDOYA PARTNERS a NEW YORK Limited Partnership, filed a Certificate of Adoption of the Revised Limited Partnership Act, pursuant to the Partnership Law, on 03/16/1992, and that the Limited Partnership is existing so far as shown by the records of the Department.*

*A Certificate of Amendment IDOYA PARTNERS, changing its name to IDOYA PARTNERS L.P., was filed 07/05/2007.*



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of November  
two thousand and twelve.

Daniel Shapiro  
Special Deputy Secretary of State