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(((H120003056073)))



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To:

Division of Corporations

: (850)617-6383

From:

Account Name

; FOWLER WHITE BURNETT P.A.

Account Number : 071250001512

: (305)789-9200

Phone Fax Numbor : (305)789-9201

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

AM 11: 22	OF STATE E. FLORID
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FLORIDA/FOREIGN LP/LLLP

55 Thomson Street Investments Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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Corporate Filing Menu

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EXAMINER
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January 2, 2013

FLORIDA DEPARTMENT OF STATE

55 THOMSON STREET INVESTMENTS LIMITED PARTNERSHIP C/O HOLD THYSSEN INC. 33920 U.S. HIGHWAY 19 NORTH, STE. 280 PALM HARBOR, FL 34684

SUBJECT: 55 THOMSON STREET INVESTMENTS LIMITED PARTNERSHIP REF: W13000000001

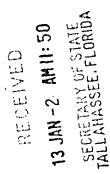
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In addition to the application you must submit a Certificate of Existence from the Georgia Secretary of State's office. The certificate must be dated within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II FAX Aud. #: H12000305607 Letter Number: 813A00000000



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COVER LETTER

Registration Section TQ: Division of Corporations

SUBJECT: 55 Thomson Street Investments Limited Partnership

Name of Poreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and feer are submitted to register a fereign limited partnership or limited liability limited parmership to transact business in Florida.

Please return all correspondence concoming this matter to:

Richard Fisher

Contact Person

Hold-Thyssen Inc.

Plnn/Company

33920 US Highway 19 N Suite 280

Address

Palm Harbor, FL 34684

City, State and Zip Code

rfisher@holdthyssen.com

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

For further information concerning this matter, please onli:

Richard Fisher

727

786-1145

Name of Contact Person

Aron Code and Daytime Telephone Number

Enclosed is a check for the following amount:

1.1\$1,000.00 Filing Fees | U\$1,008.75 Filing Foos (\$965 Filing Fee and

\$35 Registered Agent Foo)

and Certificate of

Status

☐ \$1,052.50 Filing Fccs and Certified Copy

U\$1,061.25 Filling Fee, Certified Copy, and Curtificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tulisitances, FL 32301

MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

II120003056073

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

1,55 Thomson Street Investments 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.I., P. or LLLP

If some unavailable, name under which the limit	ited partnership or limited liability limited partnership proposes to register to transs as in Florida; must contain acceptable suffix.
Georgia	3 09/04/1998
State or Country of Formation	
. Federal Employer Identification Number:	.58-2413682
. Name of Registered Agent for Service of Pro Robert Hold	ncess and Plarida Street Address:
301 S. New York Avenue Suite 2	200
Winter Park, FL 32789	
. I hereby accept the appointment as registered of all statutes relative to the proper and compl my position as registered agent.	agent und agree (vact in this capacity. I further agree to comply with the provision lete performance of my chiles, and I am familiar with and accept the obligations of
-	Signature of Registered Agent
. Principal Office:	8, Mailing Address:
c/o Hold Thyssen Inc	c/o Hold Thyssen Inc
33920 US Highway 19 N Suite 2	280 33920 US Highway 19 N Sulte 280
Palm Harbor, FL 34684	Palm Harbor, FL 34684
. If limited partnership is a limited liability ii	imited partnormip, check box .
0. Name, principal office address, and mailin	
Name of General Partner: Yewcrook, I	INC Name of General Partner:
Street Address: 301 S. New York Ave	
Winter Park, FL	
Mailing Address: 301 S. New York Ave	enue Suite 200 Mailing Address:
Winter Park, FL:	32789
Name of General Partner:	Name of General Pertuer:
	Street Address:
Street Address:	
Street Address:	
Street Address: Mailing Address:	Mailing Address:

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Name of General	Page 1 of 2 Parmer: Name of General Parmer:
Street Address;	Street Address:
Mailing Address:	Mulling Addrous:
11. Effective date, if Æffective date compos	other than the date of filing:
Florida Department o the law of which it is:	
Signed this 28th	day of December 20 12
	MmV
	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 up provided for in s.817.155, F.S.

Filing Fees:

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

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

\$52.50 \$8.75

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Control No. K832815

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

55 THOMSON STREET INVESTMENTS LIMITED PARTNERSHIP

Domestic Limited Partnership

was formed or was authorized to transact business on 09/04/1998 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Coxle of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of December, 2012

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 9484812-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/scskh/verify.ssp