

B13000000084

(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

MAR 22 2013

B. KOHR



900245830249

03/22/13--01001--017 \*\*2282.50

RECEIVED  
DEPARTMENT OF STATE  
CORPORATE REGISTRATIONS  
2013 MAR 21 PM 4:52  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
13 MAR 21 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|  |                     |
|--|---------------------|
| NAME OF ENTITY<br><u>Brentwood Holding Ltd</u> | FOR OFFICE USE ONLY |
|  |                     |
|  |                     |
|  |                     |

## PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☒ C.U.S.

## FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 3/21/13 TIME 5:00

## Notes:

\_\_\_\_\_

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

1. Brentwood Holdings 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.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. November 18, 1999

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.

Stuart Grossman  
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.

Name of General Partner: \_\_\_\_\_

Street Address: 95 North County Road

Street Address: \_\_\_\_\_

Palm Beach, FL 33480

Mailing Address: 95 North County Road

Mailing Address: \_\_\_\_\_

Palm Beach, FL 33480

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED  
13 MAR 21 AM 8:30  
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 20th day of March, 20 13.

  
\_\_\_\_\_  
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.

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b> |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b>   |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** BRENTWOOD HOLDINGS LIMITED PARTNERSHIP

|                        |                              |
|------------------------|------------------------------|
| <b>FILE NUMBER:</b>    | 199932600006                 |
| <b>FORMATION DATE:</b> | 11/18/1999                   |
| <b>TYPE:</b>           | DOMESTIC LIMITED PARTNERSHIP |
| <b>JURISDICTION:</b>   | CALIFORNIA                   |
| <b>STATUS:</b>         | 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 January 14, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

EMS