

B/3000000/71

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 JUN -3 PM 4:00
TREASURY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LCA Villa Biscayne, LP**

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:

Adrienne Ciacetta-Sarran

Contact Person

Lakeside Capital Advisors, LP

Firm/Company

321 North Clark Street Suite 500

Address

Chicago, IL 60654

City, State and Zip Code

adrienne.ciacetta@lakesidecapitallp.com

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

For further information concerning this matter, please call:

Adrienne Ciacetta-Sarran

at (**312**) **445-6270**

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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13 JUN -3 PM 4:00
TALLAHASSEE, FLORIDA

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

1. LCA Villa Biscayne, LP

(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.

LCA Villa Biscayne 1, LP

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. DELAWARE

State or Country of Formation

3. 05/22/2013

Date of Formation

4. Federal Employer Identification Number: 46-2825513

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

Ashley Seifert Asst. Secretary

Signature of Registered Agent

7. Principal Office:

321 North Clark Street, Suite 500

Chicago, IL 60654

8. Mailing Address:

c/o Lakeside Capital Advisors, LP

321 North Clark Street, Suite 500

Chicago, IL 60654

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: Lakeside Capital GP, LLC

Name of General Partner: _____

Street Address: 321 North Clark Street Suite 500

Street Address: _____

Chicago, IL 60654

Mailing Address: 321 North Clark Street Suite 500

Mailing Address: _____

Chicago, IL 60654

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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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 28 day of May, 2013.

By: [Signature], President
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 |

13 JUN -3 PM 4:01
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA