

**B13000000306**

Florida Department of State  
Division of Corporations  
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((H13000238011 3)))



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From: Account Name : C T CORPORATION SYSTEM  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA/FOREIGN LP/LLLP  
1439 CURSON PARTNERS, L.P.

Certificate of Status	0
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Page Count	26
Estimated Charge	\$1,000.00

RECEIVED  
13 OCT 31 AM 10:00  
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B. BOSTICK

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EXAMINER

H13000238011 3

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

1. 1498 Curson 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.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. April 3, 1997

Date of Formation

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

Stuart Groseman

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 Stuart Groseman]

Signature of Registered Agent

7. Principal Office: (Florida Street Address)

85 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: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

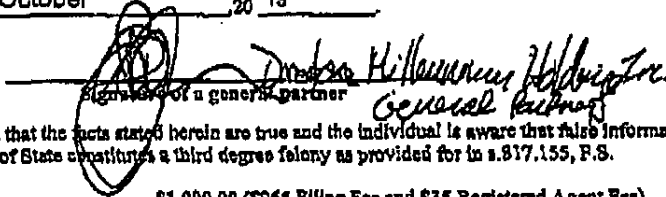
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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 24th day of October, 2013

  
Signature of a general partner  
*Doreen Hillman, Administrator  
General Partner*

The individual signing this document affirms 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 Fee:	\$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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# State of California Secretary of State

## CERTIFICATE OF STATUS

**ENTITY NAME:** 1439 CURSON PARTNERS, L.P.

<b>FILE NUMBER:</b>	189709300014
<b>FORMATION DATE:</b>	04/03/1997
<b>TYPE:</b>	DOMESTIC LIMITED PARTNERSHIP
<b>JURISDICTION:</b>	CALIFORNIA
<b>STATUS:</b>	ACTIVE (GOOD STANDING)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 October 24, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

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1439 CURSON PARTNERS, LLC

October 29, 2013

Florida Secretary of State

Re: 1439 Curson Partners, L.P.

Dear Sir/Madam:

I am a Manager of 1439 Curson Partners, LLC, a California limited liability company.

1439 Curson Partners, LLC hereby consent to the use of the name "1439 Curson Partners, L.P." by that entity in connection with its qualification to do business in Florida.

Thank you.

Very truly yours,



Eddie Leevan, Manager

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TALLAHASSEE, FLORIDA

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October 28, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

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TALLAHASSEE, FLORIDA

SUBJECT: 1439 CURSON PARTNERS, L.P.  
REF: W13000059632

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M12000002756.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H13000238011  
Letter Number: 713A00025030

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