Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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IONS IAL ES

FLORIDA/FOREIGN LP/LLLP I.S. LINCOLN OAKS LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

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Electronic Filing Menu

Corporate Filing Menu

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2

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

1 I.S. LINCOLN OAKS LIMITED PARTNE	ERSHIP
(Name of Limited Partnership or Limited Linbi Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership suffixes:	ility Limited Partnership, which must include suffix) thio, Limited, L.P., LP, or Ltd.
If name unavailable, name under which the limited partne business in Florid	ership or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.
2 MICHIGAN	3,01/21/1998
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 38-339	0354
5. Name of Registered Agent for Service of Process and NRAI SERVICES, INC.	Florida Street Address:
1200 South Pine Island Road	
Plantation, FL 33324	表 22 日 日本
of all statutes relative to the proper and complete performy position as registered agent.	d agree to act in this capacity. I further agree to comply with the provisions from and accept the obligations of
•	
7. Principal Office: 2424 N. FEDERAL HIGHWAY	8. Mailing Address: 2424 N. FEDERAL HIGHWAY
SUITE 454	SUITE 454
BOCA RATON, FL 33431	BOCA RATON, FL 33431
9. If limited partnership is a limited liability limited pa	ertnership, check box.
10. Name, principal office address, and mailing address Name of General Partner; I.S. ONE CORPORA	ATION F94-3446 Name of General Partner
Street Address: 2424 N. FEDERAL HWY, S	TE 454 Street Address:
BOCA RATON, FL 334	431
Mailing Address: 2424 N. FEDERAL HWY, ST	TE 454 Mailing Address:
BOCA RATON, FL 334	431
Name of General Partner;	Name of General Partner:
Street Address:	
Mailing Address:	Mailing Address:

99/22/2014 13:27 5619103080

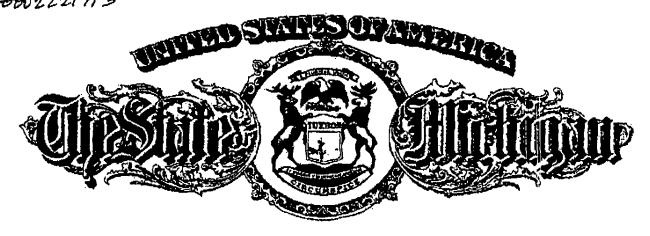
Name of General Partner:	Page 1 of 2 Name of General Partner:		<u>.</u>
Street Address:	Street Address:		-
Mailing Address:	Mailing Address:		-
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days	after the date this document is filed by the Flor	ida Department of State.)	-
 Attached is a certificate of existence duly authentical Florida Department of State, by the Secretary of State of the law of which it is organized. 			**Cr
Signed this 22 day of SEP	TEMBER 20 14	\$5 R	THE PERSON
1.5, CC	DRPORATION		
	ONALD KAPLAN, ITS SECRETARY	· · · · · · · · · · · · · · · · · · ·	r*****
Si	gnature of a general partner		
The individual signing this document affirm that the fac submitted in a document to the Department of State con:		are that false information	

Page 2 of 2

\$52.50 \$8.75

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

Filing Fees: Certified Copy (optional): Certificate of Status (optional): 5619103080



Department of Licensing and Regulatory Affairs Eansing, Michigan This is to Certify That I.S. Lincoln daks limited paratership

a Michigan limited partnership was formed on January 21, 1998.

FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.

This certificate is in due form, and made by me as the proper officer, and is entitled to have full fulth and credit given it in every court and office within the United States.

in testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of September, 2014.

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau

