Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002693123)))



H140002693123ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : CORP USA

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

FLORIDA/FOREIGN LP/LLLP TIFFANY HOUSE, LP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,008.75

Electronic Filing Menu

Corporate Filing Menu

pllare the and





TO:

Registration Section

COVER LETTER

Division of Corp				
SUBJECT: TIFFAN	Y HOUSE, LP			
Nam	e of Foreign Limited Partn	ership or Limited L	iability	Limited Partnership
partnership to transact bu			register	a foreign limited partnership or limited liability limited
Gryska Sotolong	0			
	Contact Person		•	
Thomas G. Sher	man, P.A.			
	Firm/Company		•	
90 Almeria Aven	ue			
	Address			
Coral Gables, FL	_ 33134		_	
	ry, State and Zip Code			
Tom@uniontitles				
E-mail address: (to be u	sed for future annual repor	t notification)		•
For further information co	oncerning this matter, pleas	ie call:		
Gryska Sotolong	o	_{at (} 305	,448	-5898
Name of Contac	t Person		d Dayri	me Telephone Number
Enclosed is a check for the	e following amount:			
1) \$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 Fiting and Certified Cop	_	() \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tullahassee, FL 32301	rcle	MAILING ADD Registration Section Division of Corpor P. O. Box 6327 Tallahussee, FL 3	on rations	

850-617-6381



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: TIFFANY HOUSE, LP

REF: W14000070055

November 24, 2014

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.

You failed to make the correction(s) requested in our previous letter.

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.

Jenna D Earris Regulatory Specialist II FAX Aud. #: H14000269312 Letter Number: 114A00024906

RECEIVED

14 DEC -5 AH 10: 00

STATE OF STATE OF

P.O BOX 6327 - Tallahassee, Florida 32314

SECRE FARY OF STATE DIVISION OF CORPORATIONS

14 NOV 19 PM 2: 22



November 20, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORP USA

SUBJECT: TIFFANY HOUSE, LP

REF: W14000070055

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.

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H14000269312 Letter Number: 614A00024679

P.O BOX 6327 - Tallahassee, Florida 32314

61 AON 11

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

	nership or limited liability limited purmership proposes trids; must contain acceptable suffix.	o register to transact
₂ Delaware	₃ February 17, 2012	
State or Country of Formation 4. Federal Employer Identification Number: Applie	Date of Formation od for	
5. Name of Registered Agent for Service of Process and Thomas G. Sherman, P.A.	nd Florida Street Address:	
90 Almeria Avenue		
Coral Gables, FL 33134		
my position as registered agent.	and agree to act infihis capacity. I further agree to comp formance of my quites, and I am familiar with and accep ature of Registered Agent	ly with the provisions i the obligations of
7. Principal Office:	8. Molling Address:	
300 SW 1st Avenue	300 SW 1st Avenue	-
Suite # 106	Suite #106	
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: Tiffany GP, LLC Street Address: 300 SW 1st Avenue, # Fort Lauderdale, FL 33	Name of General Partner: Name of General Partner: 106 Street Address:	SECRETARY OF STANDED OF CORPORA
Same	Mailing Address:	TE VITIONS
Mailing Address:		
Maning Address.	Name of General Partner:	
Name of General Pariner:	Name of General Partner: Street Address:	

Name of General	Partner:	Name of General Partner:		
Sucot Address:	·	Street Address:		
Mailing Address:		Mailing Address:		
11. Effective date, if a	other than the date of filing:	fter the date this document is filed by the Florida Department of State.)		
12. Attached is a certification of the law of which it is o	State, by the Secretary of State or o	d, not more than 90 days prior to the delivery of this application to the ther official having custody of the entity's records in the jurisdiction under		
	day of Novembe	Me-		
	Sign	ature of a general partner		
The individual signing submitted in a docume	this document affirm that the facts art to the Department of State consti	stated herein are true and the individual is aware that false information tutes a third degree felony as provided for in \$.817.155, P.S.		
Cert	ig Fees: ified Copy (optional): ificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75		

Page 1 of 2

Page 2 of 2

Delaware

PAGE]

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIFFANY HOUSE, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2014.

5111840 8300

141436590

You may verify this certificate online at corp. delaware .gov/authver.shrml

AUTHENTY CATION: 1887258

DATE: 11-20-14

12/05/2014 10:58 305633666 CORP USA