

**B1500000028**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

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

**Email Address:** drogers@stellarcsc.com

**FLORIDA/FOREIGN LP/LLLP**

**Omaha Beach Partners, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

2015 JAN 16 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PLS GIVE ORIGINAL FILE DATE OF 1-16-15

JAN 20 2015  
J. HARRIS



January 16, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: OMAHA BEACH PARTNERS, LP  
REF: W15000003602

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.

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 Harris  
Regulatory Specialist II

FAX Aud. #: H15000012485  
Letter Number: 015A00001040

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA1. Omaha Beach Partners, 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.

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

Date of Formation

4. Federal Employer Identification Number: n/a

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

Eric B. Fishman390 Golden Beach DriveGolden Beach, FL 33160

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.

  
 Signature of Registered Agent

## 7. Principal Office:

390 Golden Beach DriveGolden Beach, FL 33160

## 8. Mailing Address:

390 Golden Beach DriveGolden Beach, FL 33160

## 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: Omaha Beach GP, LLC

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

Street Address: 390 Golden Beach Drive

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

Golden Beach, FL 33160Mailing Address: 390 Golden Beach Drive

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

Golden Beach, FL 33160

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

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

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

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

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

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

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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 30 day of October, 2014.

Eric B. Fishman, Managing Member of  
Omaha Beach GP, LLC

[Signature]  
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):	\$51.50
Certificate of Status (optional):	\$8.75

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMAHA BEACH PARTNERS, LP" 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 SIXTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMAHA BEACH PARTNERS, LP" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2014.



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150062772

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2045819

DATE: 01-16-15