

B15000000084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

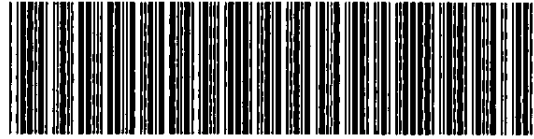
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W15-9308~~

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FILED
15 APR -2 PM12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W15-9308~~



1172 South Dixie Hwy. □
#284 □
Coral Gables, Florida 33146□

Tel: (786) 571-6679
Fax: (305) 514-0067
Web: www.sjdlegal.com

January 15, 2015

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Qualification of Coral Gables Asset Holdings, L.P., a Delaware limited partnership

Ladies & Gentlemen:

In accordance with the provisions of Section 620.1902(2) of the Florida Statutes, enclosed please find the following documents relating to the qualification of Coral Gables Asset Holdings, L.P., a Delaware limited partnership (the "Company"), to transact business in the State of Florida:

1. Application by Foreign Limited Partnership for Authorization to Transact Business in Florida (the "Application");
2. Original Certificate of Existence of the Company issued by the State of Delaware; and
3. Check in the amount of \$1,000.00, representing the Application filing fee and the Registered Agent fee.

If there is any reason why this Application can not be filed, or if you need any additional information, please do not hesitate to call me at (786) 571-6679.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shannon DeRouselle', with a stylized flourish at the end.

Shannon DeRouselle

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL GABLES ASSET HOLDINGS, L.P.
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:

DAVID COGGINS
Contact Person

CORAL GABLES ASSET HOLDINGS, L.P.
Firm/Company

10801 SW 62 Avenue
Address

MIAMI, FLORIDA 33156
City, State and Zip Code

dcoggins@coralgablesassetmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON DEROUSELLE at (786) 571-6679
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2015

DAVID COGGINS
CORAL GABLES ASSET HOLDINGS, L.P.
10801 SW 62 AVENUE
MIAMI, FL 33156

SUBJECT: CORAL GABLES ASSET HOLDINGS, L.P.
Ref. Number: W15000009308

We have received your document for CORAL GABLES ASSET HOLDINGS, L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 315A00002643



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2015

SHANNON DEROUSELLE 2ND ML
DEPOUSELLE LEGAL ADVISORS LLC
1172 S DIXIE HWY #284
CORAL GABLES, FL 33146

SUBJECT: CORAL GABLES ASSET HOLDINGS, L.P.
Ref. Number: W15000009308

We have received your document for CORAL GABLES ASSET HOLDINGS, L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.


Teresa Brown
Regulatory Specialist II

Letter Number: 315A00002643

**CORAL GABLES ASSET HOLDINGS, LLC
1801 SW 62 AVENUE
MIAMI, FLORIDA 33156**

CONSENT TO USE OF NAME

The undersigned, on behalf of Coral Gables Asset Holdings, LLC, a Delaware limited liability company, does hereby consent to the foreign qualification of a company, upon the records of the Office of the Department of State of the State of Florida under the name of "Coral Gables Asset Holdings, L.P."



Name: David Coggins
Title: Authorized Person

Dated: March 23, 2015

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

1. CORAL GABLES ASSET HOLDINGS, 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.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

3. JANUARY 2, 2015

Date of Formation

4. Federal Employer Identification Number: 47-2744753

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

DEROUSELLE LEGAL ADVISORS LLC

1172 S DIXIE HWY, #284

CORAL GABLES, FL 33146

FILED 15 APR -2 PM 12:20 STATE OF FLORIDA TALLAHASSEE

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.

[Handwritten Signature]

Signature of Registered Agent

7. Principal Office:

10801 SW 62 AVENUE

MIAMI, FL 33156

8. Mailing Address:

10801 SW 62 AVENUE

MIAMI, FL 33156

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: Coral Gables Asset Holdings, LLC Name of General Partner:

Street Address: 10801 SW 62 Avenue Street Address:

Miami, FL 33156

Mailing Address: 10801 SW 62 Avenue Mailing Address:

Miami, FL 33156

Name of General Partner: Name of General Partner:

Street Address: Street Address:

Mailing Address: Mailing Address:

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 12th day of JANUARY, 2015.



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

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORAL GABLES ASSET HOLDINGS, 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 FIFTH DAY OF JANUARY, A.D. 2015.



5668128 8300

150007681

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2008634

DATE: 01-05-15