

**B1500000088**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter 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  
Revest Master Limited Partnership**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

\*  
Please  
File  
after  
H15000097482  
\*

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15 APR 21 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revest Master Limited Partnership

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:

Greg Coleman

Contact Person

Revest Master Limited Partnership

Firm/Company

638 E. Atlantic Avenue

Address

Delray Beach, FL 33483

City, State and Zip Code

gcoleman@revest.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney L. Scanlon

at (716) 848-1538

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees	<input type="checkbox"/> \$1,008.75 Filing Fees	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees	<input type="checkbox"/> \$1,061.25 Filing Fee,
(\$965 Filing Fee and	and Certificate of	and Certified Copy	Certified Copy, and
\$35 Registered Agent	Status		Certificate of Status
Fee)			

**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

FILED

2015 APR 21 PM 3:04

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

FILED  
TALLAHASSEE, FLORIDA

1. Revest Master Limited Partnership

(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. 04/13/2015 Date of Formation

4. Federal Employer Identification Number, being applied for

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

Howard Steinberg  
638 E. Atlantic Avenue  
Delray Beach, FL 33483

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.

Howard Steinberg  
By:   
Signature of Registered Agent

7. Principal Office: 8. Mailing Address:  
638 E. Atlantic Avenue 638 E. Atlantic Avenue  
Delray Beach, FL 33483 Delray Beach, FL 33483

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: Revest GP Inc.	Name of General Partner: _____
Street Address: 638 E. Atlantic Avenue	Street Address: _____
Delray Beach, FL 33483	
Mailing Address: 162 Cumberland Street, Suite 300	Mailing Address: _____
Toronto, Ontario M5R 3N5	
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 20th day of April, 2015

  
\_\_\_\_\_  
Signature of a general partner  
Howard Steinberg, Treasurer of 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

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FILED  
2015 APR 21 PM 3:04

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVEST MASTER LIMITED PARTNERSHIP" 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 TWENTY-FIRST DAY OF APRIL, A.D. 2015.

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



5727480 8300

150542208

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

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2309169

DATE: 04-21-15