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 : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)205-8842 Phone

: (850)878-5368 Fax Number

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

Email	Address:			

FLORIDA/FOREIGN LP/LLLP Revest Holdings Limited Partnership

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

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APR 24 2015

4/23/2015

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Revest Holdings 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 Holdings Limited	Partnership			
	Firm/Company			
638 E. Atlantic Avenue				
	Address			
Delray Beach, FL 33483				
Ci	ty, State and Zip Code			
gcoleman@revest.com				•
E-mail address: (to be u	sed for future annual repor	t notification)		
For further information co	oncerning this matter, pleas	se call:		
Courtney L. Scanlon		at (716 ,	848-15	38
Name of Contact Person			Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:			
2\$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 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 C	MAILING ADDI Registration Section Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on rations		

Tallahassee, FL 32301

4/23/2015 12:30:23 PM From: To: 8506176383(3/5)

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

Revest Holdings Limited Partnership

5 APR 23 PA 12: 20 (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) epiable Limited Partnership suffixes: Limited Partnership, Limited L.P., LP, or Lid.

If name unavailable		nership or limited liability limited partnership proposes to register to transactifies; must contain acceptable suffix.	
2. Delaware State or Country of Formation		3, 04/14/2015	
		Date of Formation	
4. Federal Employe	er Identification Number: being app	lied for	
	red Agent for Service of Process an		
Howard Steinberg			
638 E. Atlantic Ave	nue		
Delray Beach, FL 3	3483		
	alive to the proper and complete perf strered agent. Howard Steinber By:	nd agree to act in this capacity. I further agree to comply with the provision formance of my duties, and I am fumiliar with and accept the obligations of tupe of neglistered Agent	
7. Principal Office:		8. Malling Address:	
638 E. Allantic Ave	nue	638 E. Atlantic Avenue	
Delray Beach, FL 3	3483	Delray Beach, FL 33483	
10. Name, principa	ership is a limited liability limited p al office address, and mailing addre	ess of each general partner:	
Name of General Partner: Revest Management LP 638 E. Atlantic Avenue		Name of General Pariner:	
		Street Address:	
Street Address:		Street Address:	
Street Address:	Delray Beach, FL 33483		
	Delray Beach, FL 33483	Mailing Address:	
Street Address:	Delray Beach, FL 33483 638 E. Atlantic Avenue Delray Beach, FL 33483	Mailing Address:	
Street Address:	Delray Beach, FL 33483 638 E. Atlantic Avenue Delray Beach, FL 33483	Mailing Address:	
Street Address: Mailing Addres Name of Genera	Delray Beach, FL 33483 638 E. Atlantic Avenue Delray Beach, FL 33483	Mailing Address:	
Street Address: Mailing Addres Name of General Street Address:	Delray Beach, FL 33483 638 E. Atlantic Avenue Delray Beach, FL 33483	Mailing Address:	

FL047 - 12/21/2011 Woters Klover Online

4/23/2015 12:30:23 PM From: To: 8506176383(4/5)

		Page L of 2
Name of General Partner;		Name of General Partner:
Street Address:		Street Address:
Mailing Address:		Mailing Address:
11. Effective date, if other than the da (Effective date cannot be prior to nor m	ule of filing: wore than 90 days after	the date this document is filed by the Florida Department of State.
		ot more than 90 days prior to the delivery of this application to the rofficial having custody of the entity's records in the jurisdiction under
Signed this 20th da	y of April	20 2015
The individual signing this document at	Howard Steinbe	are of a general pattner erg, Treasurer of General Partner ted herein are true and the individual is aware that false information
		es a third degree fellony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (opti Certificate of Status	•	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVEST HOLDINGS 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-THIRD DAY OF APRIL, A.D. 2015.

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

5728369 8300

150554314

You may vorify this certificate online at corp. delaware. gov/authyer. shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2316218

DATE: 04-23-15