

B15000000144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

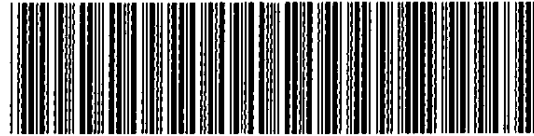
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE

15 MAY 28 PM 2:04

TO ADDRESSEE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 28 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2015

8 MASON

File 2nd

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 647604 4306525

AUTHORIZATION

COST LIMIT : \$ 1008.75

ORDER DATE : May 28, 2015

ORDER TIME : 1:0 PM

ORDER NO. : 647604-005

CUSTOMER NO: 4306525

FOREIGN FILINGS

NAME: PHYTO PARTNERS I, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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DIVISION OF CORPORATIONS
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYTO PARTNERS I, LP

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:

Jeffrey L. Wasserman

Contact Person

Sills Cummis & Gross P.C.

Firm/Company

One Riverfront Plaza

Address

Newark, New Jersey 07102

City, State and Zip Code

jwasserman@sillscummis.com

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

For further information concerning this matter, please call:

Jeffrey L. Wasserman

at 973

643-5879

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

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TALLAHASSEE, FLORIDA

15 MAY 28 AM 10:16

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DIVISION OF CORPORATIONS

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

1. PHYTO PARTNERS I, 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

3. 05/19/2015

Date of Formation

4. Federal Employer Identification Number 47-4101748

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

SCHNURMACHER, LAWRENCE

2080 NW BOCA RATON BLVD, STE 6

BOCA RATON, FL 33431

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DIVISION OF CORPORATIONS
15 MAY 28 AM 10:16
TALLAHASSEE, FLORIDA

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. SCHNURMACHER, LAWRENCE

By:

Signature of Registered Agent

7. Principal Office:

2080 NW BOCA RATON BLVD, STE 6

BOCA RATON, FL 33431

8. Mailing Address:

2080 NW BOCA RATON BLVD, STE 6

BOCA RATON, FL 33431

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: Phyto Partners I GP, LLC

Name of General Partner:

Street Address: 2080 NW BOCA RATON BLVD

Street Address:

BOCA RATON, FL 33431

Mailing Address: 2080 NW BOCA RATON BLVD

Mailing Address:

BOCA RATON, FL 33431

Name of General Partner:

Street Address:

Mailing Address:

MISSOURI 04214

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 27th day of May, 2015.



Signature of a general partner Name: Larry Schnurmacher
 Title: Authorized Person

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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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 MAY 28 AM 10:17
 TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYTO PARTNERS I, 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYTO PARTNERS I, LP" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2015.

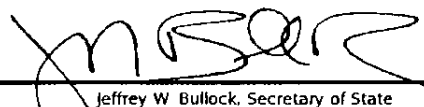
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5749869 8300

150800251

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2415052

DATE: 05-28-15