

715000000152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

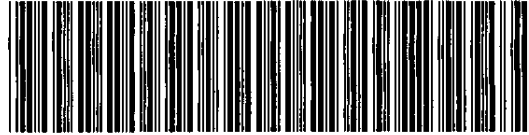
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900272765019

05/11/15--01040--015 \*\*1000.00

FILED  
15 JUN -8 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 09 2015

J SHIVERS

697



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2015

JIM SCHUBINER  
PO BOX 4300  
TROY, MI 48099

SUBJECT: LINCOLNSHIRE TOWNHOMES LIMITED PARTNERSHIP  
Ref. Number: W15000034641

We have received your document for LINCOLNSHIRE TOWNHOMES LIMITED PARTNERSHIP 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 the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 215A00010253

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lincolnshire Townhomes 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:

Jim Schubiner

Contact Person

Access Group

Firm/Company

PO Box 4300

Address

Troy, MI 48099

City, State and Zip Code

jim.schubiner@accessgrouphousing.com

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

For further information concerning this matter, please call:

Jim Schubiner at ( 248 ) 689-9988

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

1. Lincolnshire Townhomes 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. Michigan

State or Country of Formation

3. April 24, 2002

Date of Formation

4. Federal Employer Identification Number: 37-1434636

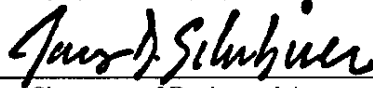
5. Name of Registered Agent for Service of Process and Florida Street Address:

James Schubiner

2195 Gulf to Bay Blvd

Clearwater, FL 33765

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:

3150 Livernois, Suite 136

Troy, MI 48083

8. Mailing Address:

PO Box 4300

Troy, MI 48099

FILED  
15 JUN - 8 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Jim Schubiner

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

Street Address: 3150 Livernois, Suite 136

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

Troy, MI 48083

Mailing Address: PO Box 4300

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

Troy, MI 48099

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 30th day of April, 2015

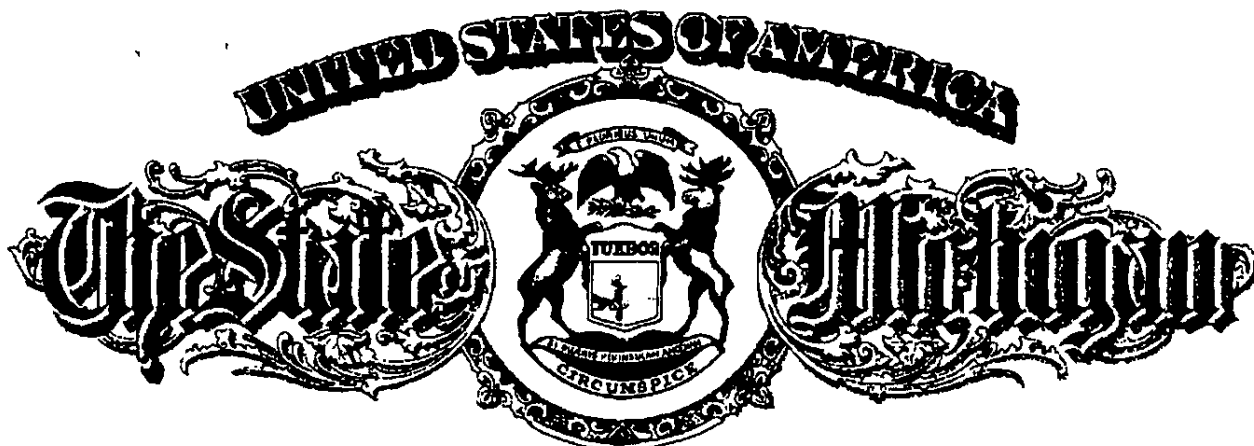


Signature of a general partner

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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

**FILED**  
**15 JUN -8 PM 4:22**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**LINCOLNSHIRE TOWNHOMES LIMITED PARTNERSHIP**

*a Michigan limited partnership was formed on April 24, 2002.*

*I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.*

*This certificate is in due form, and made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

**FILED**  
**15 JUN - 8 PM 4:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Sent by Facsimile Transmission  
1313349

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of June, 2015.*

Alan J. Scheffke, Director  
Corporations, Securities & Commercial Licensing Bureau