

B1500000154

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000142519 3)))



H150001425193ABC

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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2015 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
HM TIFFANY LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H18000142519

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HM TIFFANY 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:

Gryska Sotolongo

Contact Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City, State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

at **305** **448-5898 ext. 201**

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
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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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2015 JUN 11 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. HM Tiffany 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.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. 08-13-14

Date of Formation

4. Federal Employer Identification Number: 47-4071852

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

Thomas G. Sherman, P.A.

80 Almeria Avenue

Coral Gables, FL 33134

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:

300 SW 1st Avenue

Suite # 106

Fort Lauderdale, FL 33301

8. Mailing Address:

300 SW 1st Avenue

Suite # 106

Fort Lauderdale, FL 33301

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: HM Tiffany GP, LLC

Name of General Partner: _____

Street Address: 300 SW 1st Avenue # 106

Street Address: _____

Fort Lauderdale, FL 33301

Mailing Address: _____

Mailing Address: _____

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 8 day of JUNE 20 15



 Signature of a general partner

The individual signing this document affirms 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 § 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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 2015 JUN 11 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HM TIFFANY, 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 EIGHTH DAY OF JUNE, A.D. 2015.



5586055 8300

150894725

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2446845

DATE: 06-08-15