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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 07 2016

Y SULKER

~~W15-81390~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **REAL ESTATE CONSULTING SERVICES**

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:

PAUL LABINER

Contact Person

LAW OFFICE OF PAUL LABINER

Firm/Company

5499 NO FEDERAL HWY., Ste. K

Address

BOCA RATON, FLORIDA 33487

City, State and Zip Code

PAUL@PLABINERESQ.COM

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

For further information concerning this matter, please call:

PAUL LABINER

at (**561**) **998-2362**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2015

PAUL LABINER
5499 NO FEDERAL HWY STE K
BOCA RATON, FL 33487 US

SUBJECT: REAL ESTATE CONSULTING SERVICES, LP
Ref. Number: W15000081390

We have received your document for REAL ESTATE CONSULTING SERVICES, LP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 615A00026583

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

1. REAL ESTATE CONSULTING SERVICES, 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. _____

Date of Formation

4. Federal Employer Identification Number: _____

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

CHRISTINE LEWERT

7501 WILES ROAD #104

CORAL SPRINGS, FLORIDA 33067

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.

Christine Lewert

Signature of Registered Agent

7. Principal Office:

7501 WILES Road

SUITE 104

CORAL SPRINGS, FLORIDA

8. Mailing Address:

3407 NW 47th Avenue

Coconut Creek, FL

33063

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: CHRISTINE LEWERT

Name of General Partner: Christine Lewert

Street Address: 7501 WILES Road

Street Address: 3407 NW 47th Ave

104

Coconut Creek, FL 33063

Mailing Address: CORAL SPRINGS, FL

Mailing Address: _____

33067

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner: Christine Lewert Name of General Partner: _____
Street Address: 7501 Wiles Rd #104 Street Address: _____
Coral Springs, FL 33067
Mailing Address: 3407 NW 47th Ave Mailing Address: _____
Coconut Creek, FL 33063

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 3rd day of December, 2015.

Christine Lewert
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.

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
16 JAN -6 PM 4:42
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'MANAGEMENT CONSULTING SERVICES OF SOUTH FLORIDA, L.P.' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'REAL ESTATE CONSULTING SERVICES, LP', ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2015, AT 3:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'REAL ESTATE CONSULTING SERVICES, LP'. IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED PARTNERSHIP.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL ESTATE CONSULTING SERVICES, LP" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2005.



A handwritten signature in black ink, appearing to read 'JBULLOCK', written over a horizontal line. Below the line, the text 'Jeffrey W. Bullock, Secretary of State' is printed in a small font.

3981385 8321
SR# 20160053678

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

Authentication: 201618893
Date: 01-05-16