

B16000000221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

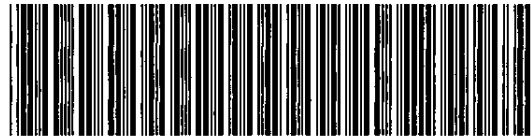
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 17 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 14 AM 11:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLAUNERS-8018 BROADWAY 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:

PAMELA K. VAN VLECK

Contact Person

C/O CPSWFL

Firm/Company

5220 SUMMERLIN COMMONS BLVD. #500

Address

FORT MYERS, FL 33907

City, State and Zip Code

pvanvleck@cpswfl.com

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

For further information concerning this matter, please call:

Pamela K. Van Vleck

at **(239) 675-3224**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input 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

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

1. BLAUNDERS-8018 BROADWAY 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. Texas

State or Country of Formation

3. 5/29/2008

Date of Formation

4. Federal Employer Identification Number: 32037220541

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

Pamela K. Van Vleck

c/o CPSWFL-5220 Summerlin Commons Blvd., #500

Fort Myers FL 33907

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.

pvanvleck@cpswfl.com

Digitally signed by pvanvleck@cpswfl.com
DN: cn=pvanvleck@cpswfl.com
Date: 2016.10.09 12:25:05 -0400

Signature of Registered Agent

7. Principal Office:

c/o CPSWFL

5220 Summerlin Commons Blvd., #500

Fort Myers, FL 33907

8. Mailing Address:

c/o CPSWFL

5220 Summerlin Commons Blvd, #500

Fort Myers, FL 33907

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:

SAMUEL BLAUNER

Street Address:

733 YONKERS AVE. #107

YONKERS, NY 10704

Mailing Address:

SAME

Name of General Partner:

GAIL BLAUNER

Street Address:

733 YONKERS AVE. #107

YONKERS, NY 10704

Mailing Address:

SAME

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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TALLAHASSEE, FLORIDA

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 10 day of October, 2016.

Samuel Blauner
 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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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

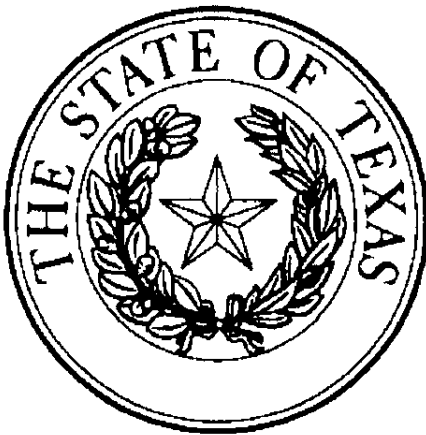
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Blauners - 8018 Broadway, L.P.
Filing Number: 800984624

Certificate of Formation

May 29, 2008

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 08, 2016.



A handwritten signature in black ink, appearing to read "Cascos".

Carlos H. Cascos
Secretary of State

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