

12/8/2016

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****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/LLP
HERITAGE SPORTS VENTURES LIMITED PARTNERSHIP**

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

RECEIVED
2016 DEC -6 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC -6 AM 9:39
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

O SIMMONS
DEC 07 2016

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

1. Heritage Sports Ventures 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. DELAWARE State or Country of Formation
3. JANUARY 28, 2002 Date of Formation

4. Federal Employer Identification Number: 90-0007813

5. Name of Registered Agent for Service of Process and Florida Street Address:
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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.
By: James M. Halpin Assistant Secretary
Signature of Registered Agent

7. Principal Office:
14834 Bellezza Lane Naples, FL 34110

8. Mailing Address:
14834 Bellezza Lane Naples, FL 34110

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: HSV Management LLC
Street Address: 14834 Bellezza Lane
NAPLES, FL 34110
Mailing Address: 14834 Bellezza Lane
NAPLES, FL 34110

Name of General Partner: _____
Street Address: _____
Mailing Address: _____
Name of General Partner: _____
Street Address: _____
Mailing Address: _____

DIVISION OF CORPORATE & FINANCIAL SERVICES
16 DEC -6 AM 9:39
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage Sports Ventures 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:

DAVID W. GILMOUR
Contact Person

Heritage Sports Ventures Limited Partnership
Firm/Company

14834 BELLEZZA LANE
Address

NAPLES, FL 34110
City, State and Zip Code

DAVIDGILMOUR@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID W. GILMOUR at (617) 827-1316
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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Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

1. 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.)

2. 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 5th day of December, 2016.

David M. [Signature], MANAGER HSV MANAGEMENT, LLC
 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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 DIVISION OF STATE CULTURE
FILED

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERITAGE SPORTS VENTURES LIMITED PARTNERSHIP" 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 SIXTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3485152 8300

SR# 20166926820

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

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.

Authentication: 203453872

Date: 12-06-16