

B/8000000016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

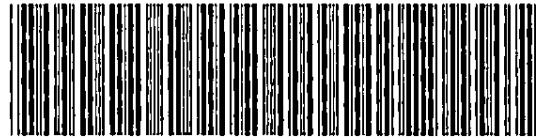
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/22/18--01032--024 **1000.00

RECEIVED
JAN 22 2018

FILED
18 JAN 23 PM 2:00
STATE OF CALIFORNIA
FALCARRA, JET M LMOA

J. LEGGETT
JAN 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sternberg Highland 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:

John Choi

Contact Person

Sternberg Highland Limited Partnership

Firm/Company

P.O. Box 8374

Address

Asheville, NC 28814

City, State and Zip Code

sternbergcompanies@gmail.com

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

For further information concerning this matter, please call:

John Choi

at (828) 258-2473

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. STEINBERG HIGHLAND 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.P., or LLP

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. NORTH CAROLINA

State or Country of Formation

3. 04/28/1991

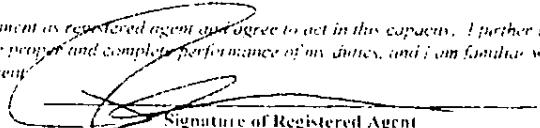
Date of Formation

4. Federal Employer Identification Number 26-1870586

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

Damon Lamb
3929 SW 21st Street
Gainesville FL 32608

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:

271 Tunnel Road

Asheville, NC 28802

8. Mailing Address:

P.O. Box 8374

Asheville, NC 28814

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: Jerry A. Steinberg

Name of General Partner: _____

Street Address: 400 Charlotte St. Unit 501

Street Address: _____

Asheville, NC 28801

Mailing Address: P.O. Box 8374

Mailing Address: _____

Asheville, NC 28814

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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18 JUN 23 PM 2:01
CLERK OF DISTRICT COURT
NORTH CAROLINA

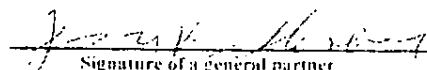
Name of General Partner _____ Name of General Partner _____
 Street Address _____ Street Address _____

 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.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10th day of January, 2018.



 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 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



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

STERNBERG (HIGHLAND) LIMITED PARTNERSHIP

is a limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of Limited Partnership in my office on the 25th day of April, 1994.

I FURTHER certify that the aforesaid limited partnership has not filed a Certificate of Cancellation with this office as of the date set forth hereunder.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2018.

Elaine F. Marshall

Secretary of State