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18 APR 27 PM 3:56
STATE CLERK OF STATE
TREASURER, IN CHARGE

K SALY

MAY -2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LITTLE HARBOR DEVELOPMENT, 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:

EDWARD VOGLER, ESQ.

Contact Person

VOGLER ASHTON, PLLC

Firm/Company

705 10TH AVENUE WEST, STE. 103

Address

PALMETTO, FLORIDA, 34221

City, State and Zip Code

LHD@clariontampa.com

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

For further information concerning this matter, please call:

Edward Vogler

941

3043400

at (_____) _____

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

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

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18 APR 27 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. LITTLE HARBOR DEVELOPMENT, CP

(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. 10-3-2012

Date of Formation

4. Federal Employer Identification Number: 99-0381239

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

VOGELER ASSATON, PLLC

705 10TH AVE W.

PALMETTO, FL 34221

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]
Signature of Registered Agent

7. Principal Office:

2701 E FOWLER AVE

TAMPA - FLORIDA

33612

8. Mailing Address:

50 ACADIA AVE #301

MARKHAM - ONTARIO L3R0B3

CANADA

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: LHD MANAGEMENT, INC.

Name of General Partner: _____

Street Address: 606 SEAGRAPH DR

Street Address: _____

RUSKIN - FL 33612

Mailing Address: 2701 E FOWLER AVE

Mailing Address: _____

TAMPA - FL 33612

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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SECRETARY OF STATE
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.)
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 26 day of APRIL, 2018
LTD MANAGEMENT, PBC
[Signature]
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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LITTLE HARBOR DEVELOPMENT 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 SEVENTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LITTLE HARBOR DEVELOPMENT LP" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2012.

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

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18 APR 27 PM 3:56
SECRETARY OF STATE
DELAWARE



5222288 8300

SR# 20182753278

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202526405

Date: 04-17-18