

B23000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

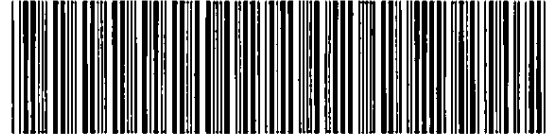
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 APR 13 PM 1:48

2023 APR 18 PM 3:34

RECEIVED

W23-57052

28



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2023

SUNSHINE CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: HOLLYWOOD PLAZA HOUSING COMPANY, L.P.  
Ref. Number: W23000057052

We have received your document for HOLLYWOOD PLAZA HOUSING COMPANY, L.P. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

General partner listed must be registered and active with our records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 123A00008790

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2023 APR 21 AM 02:51

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/18/2023

**\*\*WALK IN\*\***

ENTITY NAME HOLLYWOOD PLAZA HOUSING COMPANY, L.P.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 1000.00

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

1. Hollywood Plaza Housing Company, L.P.

**(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. New York

**State or Country of Formation**

3. December 9, 2011

**Date of Formation**

4. **Federal Employer Identification Number:** 11-6149218

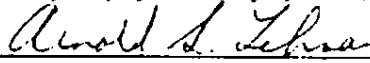
5. **Name of Registered Agent for Service of Process and Florida Street Address:**

Estates Florida Services LLC

2203 Sole Mia Square Lane

North Miami, FL 33181

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:**

2203 Sole Mia Square Lane

North Miami, FL 33181

8. **Mailing Address:**

2203 Sole Mia Square Lane

North Miami, FL 33181

2023 JUN 10 PM 1:18

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: Mount Housing Company, Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 11025 North Market Street, Suite 801

Street Address: \_\_\_\_\_

Wilmington, DE 19801

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 11th day of April, 2023



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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HOLLYWOOD PLAZA HOUSING COMPANY, L.P.  
DOS ID Number: 4174625  
Entity Type: DOMESTIC LIMITED PARTNERSHIP  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/09/2011

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on April 18, 2023 at 01:28 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

Authentication Number: 100003331511 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>