

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) 922-4003

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL,
 Account Number : 076077000521
 Phone : (954) 761-2910
 Fax Number : (954) 764-4996

THE GENERAL PARTNER DOCUMENTS WITH THE SAME NAME BUENA VISTA SHORES, INC. WERE RECENTLY FILED. BOTH ENTITIES HAVE THE SAME OWNER.

FOREIGN LIMITED PARTNERSHIP

Buena Vista Shores, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
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H99-290231

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. BUENA VISTA SHORES, LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. DELAWARE 4. OCTOBER 29, 1999
(State of Formation) (Date of Formation)
5. MARK F. GRANT, ESQ.
(Name of Registered Agent for Service of Process)
6. 200 EAST BROWARD BLVD., 15TH FLOOR
(Street Address of Registered Office)
- FORT LAUDERDALE, Florida 33301
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Mark F. Grant
(Agent must sign on this line)
8. 969 HILLSBORO MILE
HILLSBORO BEACH, FLORIDA 33062
(Address of registered office required in state of formation or, if not required, address of principal office)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
BUENA VISTA SHORES, INC. 969 HILLSBORO MILE, HILLSBORO BEACH, FL 33062
F99-5906
10. 969 HILLSBORO MILE, HILLSBORO BEACH, FLORIDA 33062
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12,969 HILLSBORO MILE, HILLSBORO BEACH, FLORIDA 33062

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15th day of NOVEMBER, 19 99

Mark F. Grant

General Partner
BUENA VISTA SHORES, INC., MARK F. GRANT, VICE PRESIDENT

STATE OF FLORIDA

COUNTY OF BROWARD

On this 15th day of NOVEMBER, 19 99

MARK F. GRANT, VP OF BUENA VISTA personally appeared before me,
SHORES, INC.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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TALLAHASSEE, FLORIDA

Norma Jean Sousa
(Notary Public Signature)

Norma Jean Sousa
(Notary's Printed Name)

Seal

My Commission Expires: _____



Norma Jean Sousa
MY COMMISSION # 00605322 EXPIRES
December 4, 2000
BONDED THIRD TRUST INSURANCE, INC.

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MARK F. GRANT, VP OF BUENA VISTA SHORES, INC.
a general partner of BUENA VISTA SHORES, LP, a (an) DELAWARE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15th day of NOVEMBER, 19 99

Mark F. Grant
General Partner
BUENA VISTA SHORES, INC.
MARK F. GRANT, VICE PRESIDENT

STATE OF FLORIDA
COUNTY OF BROWARD

On this 15th day of NOVEMBER, 19 99

MARK F. GRANT, VP OF BUENA VISTA personally appeared before me,
SHORES, INC.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Norma Jean Sousa
(Notary Public Signature)

Norma Jean Sousa
(Notary's Printed Name)

Seal

My Commission Expires:



Norma Jean Sousa
MY COMMISSION # 0005322 EXPIRES
December 4, 2000
BONDED THROUGH FARM INSURANCE, INC.

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TALLAHASSEE, FLORIDA

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUENA VISTA SHORES, 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 TWELFTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUENA VISTA SHORES, LP" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0078907

DATE: 11-12-99

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