

MO9000003646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

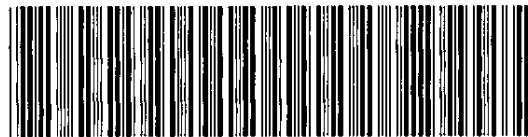
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
SEP 16 2009
EXAMINER

Office Use Only



300159635533

09/16/09--01027--017 **155.00

FILED
2009 SEP 15 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

LIZA DE LA PAZ
P.O. BOX 193730
SAN FRANCISCO, CA 94119

SUBJECT: PIER 39 LIMITED PARTNERSHIP
Ref. Number: W09000034510

We have received your document for PIER 39 LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 609A00026009

PIER 39

September 11, 2009

Ms. Agnes Lunt
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reference Number W09000034510
PIER 39 Limited Partnership

Dear Ms. Lunt:

Enclosed please find a completed Form CR2E027 for Pier 39GP, LLC as well as registration fees of \$155.00. For your reference I have also included a copy of the letter sent by your office indicating that this form is the final piece necessary to resume registration of PIER 39 Limited Partnership with the State of Florida.

Thank you for your attention to this matter. Please contact me at 415-705-5536 should have further requirements.

Sincerely,



Liza de la Paz

Enclosures.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIER 39 GP LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LIZA DE LA PAZ
Name of Person

PIER 39 GP LLC
Firm/Company

P.O. BOX 193730
Address

SAN FRANCISCO, CA 94119
City/State and Zip Code

liza@pier39.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 15 PM 1:11

FILED

For further information concerning this matter, please call:

LIZA DE LA PAZ at (415) 705-5500
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PIER 39 GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELAWARE 3. 94-3313051
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/08/98 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JULY 09, 2009
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1800 PURDY AVENUE, #1901
MIAMI BEACH, FL 33139
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

ROBERT MOOR, 227 NORTHGATE, STE 1, LAKE FOREST, IL 60045

MOLLY SOUTH, 227 NORTHGATE, STE 1, LAKE FOREST, IL 60045

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ADMINISTRATIVE

Molly M. South

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MOLLY SOUTH

Typed or printed name of signee

FILED
2009 SEP 15 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PIER 39 GP LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

MARY MOFFETT

(Name)

1800 PURDY AVENUE, #1901

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI BEACH, FL 33139

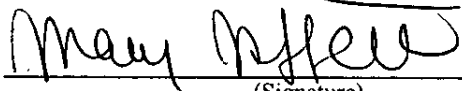
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 15 PM 1:11

FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIER 39 GP, LLC" 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2009.



2844567 8300

090784389

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7490339

DATE: 08-24-09