

# B1500000154

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
HM TIFFANY LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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H15000142519

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **HM TIFFANY 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:

**Gryska Sotolongo**

*Contact Person*

**Thomas G. Sherman, P.A.**

*Firm/Company*

**90 Almeria Avenue**

*Address*

**Coral Gables, FL 33134**

*City, State and Zip Code*

**Gryska@uniontitleservices.com**

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

For further information concerning this matter, please call:

**Gryska Sotolongo**

*Name of Contact Person*

at **305 448-5898 ext. 201**

*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

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2015 JUN 11 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. HM Tiffany LP

(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 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. 08-13-14

Date of Formation

4. Federal Employer Identification Number: 47-4071852

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

Thomas G. Sherman, P.A.

90 Almeria Avenue

Coral Gables, FL 33134

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:

300 SW 1st Avenue

Suite # 106

Fort Lauderdale, FL 33301

8. Mailing Address:

300 SW 1st Avenue

Suite # 106

Fort Lauderdale, FL 33301

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: HM Tiffany GP, LLC

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

Street Address: 300 SW 1st Avenue # 106

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

Fort Lauderdale, FL 33301

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.)*

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 8 day of JUNE 20 15

  
 \_\_\_\_\_  
 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 § 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

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 2015 JUN 11 AM 8:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HM TIFFANY, 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 EIGHTH DAY OF JUNE, A.D. 2015.



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150894725

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2446845

DATE: 06-08-15