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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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

FLORIDA/FOREIGN LP/LLP
Del Boca Brickell LP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

7/20/18 ES

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Del Boca Brickell 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.L.P.,
or L.L.L.P.

2. c/o Moxie's Grill & Bar, 100 Crescent Court, Suite 140, Dallas, TX. 75201

(Street address of initial designated office)

3. Corporate Creations Network Inc.

(Name of Registered Agent for Service of Process)

4. 11380 Prosperity Farms Rd, Ste 221E, Palm Beach Gardens, FL, 33410

(Florida street address for Registered Agent)

5. 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.

Robert Gomez
Signature of Registered Agent

Robert Gomez, Special Secretary

6. c/o Moxie's Grill & Bar, 100 Crescent Court, Suite 140, Dallas, TX. 75201

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

REC'D
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CLERK

8. Name and business address of each general partner:

Name:

Business Address:

Eatz Hospitality Inc.

c/o Moxie's Grill & Bar, 100 Crescent Court, Suite 140

Dallas, TX 75201

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 19th day of July, 2018

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

Eatz Hospitality Inc.

By: Paul Randle
Paul Randle, President

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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