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Florida Department of State
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To: Division of Corporations
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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: Gal.Kaufman@hklaw.com

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FLORIDA/FOREIGN LP/LLLP
L2B2 Investments LLLP

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TALLAHASSEE, FLORIDA

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

1. L2B2 Investments L.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.P.P. or L.L.L.P.

2. 674 109th Avenue North, Naples, Florida 341082
(Street address of initial designated office)

3. L2B2 Management, LLC
(Name of Registered Agent for Service of Process)

4. 674 109th Avenue North, Naples, Florida 341082
(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.

L2B2 Management, LLC



By: Gal N. Kaufman, Authorized Representative
Signature of Registered Agent

6. 674 109th Avenue North, Naples, Florida 341082
(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

<u>Name:</u> L2B2 Management, LLC _____ _____ _____	<u>Business Address:</u> 674 109th Avenue North Naples, Florida 341082 _____ _____ _____
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9. Effective date, if other than the date of filing upon 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 1st _____ day of July, 2019.

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 in S.817.155, F.S.

L2B2 Management, LLC _____

By: 
Gal N. Kaufman,
Authorized Representative

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75