

# A19000000389

Florida Department of State  
Division of Corporations  
Economic Filings Conference

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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 CORREDOR LIMITED

Certificate of Status	0
Certified Copy	1
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SEP 19 2019

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**CERTIFICATE OF LIMITED PARTNERSHIP FOR  
CORREDOR LIMITED,  
A FLORIDA LIMITED PARTNERSHIP**

**ARTICLE I**

**NAME**

The name of the Limited Partnership is Corredor Limited (the "Limited Partnership").

**ARTICLE II**

**STREET ADDRESS AND MAILING ADDRESS**

The street address and mailing address of the principal office of the Limited Partnership is as follows:

1820 N. Corporate Lakes Blvd.  
Suite 305  
Weston, FL 33326

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

Having been named as registered agent and to accept service of process for the above-stated limited partnership 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.

**Capitol Corporate Services, Inc.**

By: Kim Tadlock  
Kim Tadlock, Asst Sect on behalf of  
Capitol Corporate Services, Inc.

**ARTICLE IV**

**GENERAL PARTNER**

The name and business address of the general partner is as follows:

TOP GP, LLC  
1820 N. Corporate Lakes Blvd.  
Suite 305  
Weston, FL 33326

**ARTICLE IV**

**EFFECTIVE DATE**

The effective date of this filing shall be the filing date.

Date: September 17, 2019



\_\_\_\_\_  
David P. Baghdassarian, Authorized Person

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.