

A210000000069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

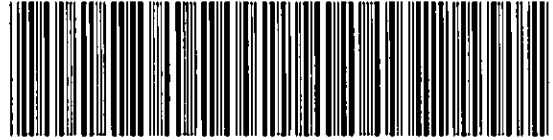
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/18/21--01006--023 **1000.00

2021 FEB 16 4:00:13

2021 FEB 16 AM 11:26

APPROVAL
AND
FILED

17 2021

CAPITAL CONNECTION, INC.:

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

919 W. Colonial Drive, L.P.

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

17: Ponder's Printing • Tallahassee, GA 32301

☐ Art of Inc. File _____
☒ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 919 W. Colonial Dr, L.P.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Cesar R. Sordo, Esq.

Contact Person

Sordo & Associates, P.A.

Firm/Company

3006 Aviation Avenue, 2A

Address

Coconut Grove, FL 33133

City, State and Zip Code

csordo@sordolaw.com

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

For further information concerning this matter, please call:

Cesar R. Sordo, Esq.

at (305) 510-8861

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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

CR2E030 (6/17)

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

1. 919 W. Colonial Dr, 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.L.P. or L.L.P.

2. 3006 Aviation Avenue, Suite 2A

(Street address of initial designated office)

Coconut Grove, FL 33133

3. Florida Corporate Services, LLC

(Name of Registered Agent for Service of Process)

4. 3006 Aviation Avenue, Suite 2A

(Florida street address for Registered Agent)

Coconut Grove, Florida 33133

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.

Signature of Registered Agent

6. 3006 Aviation Avenue, Suite 2A

(Mailing address of initial designated office)

Coconut Grove, FL 33133

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

2021 FEB 16 AM 11:26
FILED
MAR 11 2021
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

919 W. Colonial Dr. GP, LLC.

3006 Aviation Avenue, Suite 2A

Coconut Grove, Fl. 33133

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

2/16/2021

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 21st day of February, 2021

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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75