

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

A21000000434

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000303968 3)))



H210003039683ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: **2nd Resubmission**
 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)214-8442

2021 AUG 16 PM 3:49

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

Email Address: _____

2021 AUG 15 PM 12:03

FLORIDA/FOREIGN LP/LLP
Del Boca Las Olas LP

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

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

1. Del Boca Las Olas 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 LLLP.

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

(Street address of initial designated office)

3. Corporate Creations Network Inc.

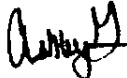
(Name of Registered Agent for Service of Process)

4. 801 US Highway 1

(Florida street address for Registered Agent)

North Palm Beach, FL 33408

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.*



Ashley Goldsmith, Special Secretary

Signature of Registered Agent

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

(Mailing address of initial designated office)

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

2021 AUG 16 PM 3:49

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 Texas, 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.)

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 11th day of August, 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.

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