

A 2200000000 430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

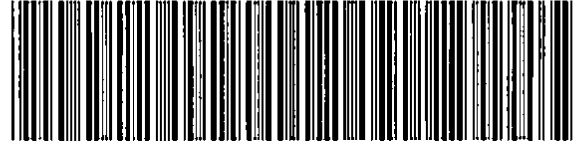
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500390564325

07/14/22--01018--021 **1070.00

SECRETARY OF REVENUE
FALL ARIZONA OFFICE
ALABAMA STATE OFFICE

2022 JUL 15 PM 4:30

2022 JUL 14 PM 2:49

FILED

RECEIVED

1000

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 7/14 Glinda

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING LP _____

1. **RIVERSIDE GROUP LP**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

File 2nd

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERSIDE GROUP LP

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:

SAMUEL J. CANTOR

Contact Person

SAMUEL J. CANTOR, P.A.

Firm/Company

1001 YAMATO ROAD, SUITE 310

Address

BOCA RATON, FL 33431

City, State and Zip Code

patty@samcanpa.com

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

For further information concerning this matter, please call:

PATRICIA KOHSMAN

at (561) 982-9555

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

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

1. RIVERSIDE GROUP 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. 6671 WEST INDIANTOWN ROAD, SUITE 50, PMB 435, JUPITER, FL 33458

(Street address of initial designated office)

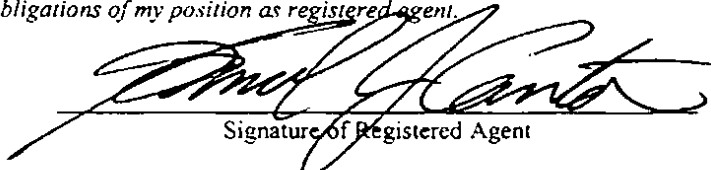
3. SAMUEL J. CANTOR

(Name of Registered Agent for Service of Process)

4. 1001 YAMATO ROAD, SUITE 310, BOCA RATON, FL 33431

(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.*


Signature of Registered Agent

6. 6671 WEST INDIANTOWN ROAD, SUITE 50, PMB 435, JUPITER, FL 33458

(Mailing address of initial designated office)

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

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2022 JUL 15 PM 4:30
STATE OF FLORIDA
TALLAHASSEE

8. Name and business address of each general partner:

Name:

Business Address:

DUCERF HOLDINGS INC.

6671 WEST INDIANTOWN ROAD

SUITE 50, PMB 435

JUPITER, FL 33458

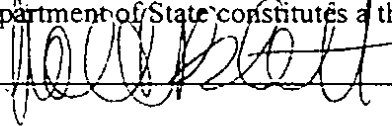
9. Effective date, if other than the date of filing: _____

(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 14 day of JULY, 2022

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