

A23000000245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

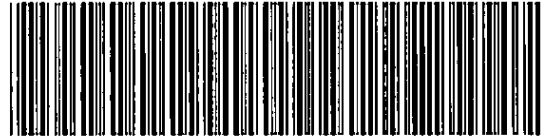
(Document Number)

Certified Copies _____

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Office Use Only



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MAY 15 2023

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/11/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1145578

ORDER ENTITY
LAUDERHILL PRESERVATION LP

PLEASE PERFORM THE FOLLOWING SERVICES:

LAUDERHILL PRESERVATION LP (FL)

New LP filing

NOTES:

\$1,000.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and
couner package if applicable. For UCC orders, please include the thru date on the results.

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

Lauderhill Preservation LP

1. _____
(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.

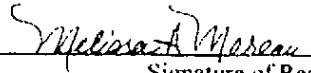
2. 250 West 55th Street, 35th Fl

(Street address of initial designated office)
New York, NY 10019

Incorporating Services, Ltd.
3. _____
(Name of Registered Agent for Service of Process)

1540 Glenway Drive
4. _____
(Florida street address for Registered Agent)
Tallahassee, FL 32301

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

250 West 55th Street, 35th Fl
6. _____
(Mailing address of initial designated office)
New York NY 10019

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

2023 MAY 12 AM 10:54

FILED

8. Name and business address of each general partner:

Name:

Business Address:

•Lauderhill GP LLC

250 West 55th Street, 35th Fl

New York, NY 10019

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

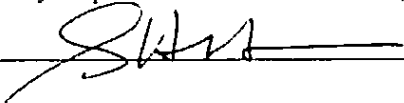
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 14th day of May, 2023

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.

Seth Hoffman on behalf of the General Partner

x 

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75