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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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  
PORT 55 APARTMENTS LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

2022 JUL 26 AM 10:23  
FILED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUL 26 PM 3:13

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PORT 55 APARTMENTS LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

Patrick Richardson

Contact Person

Denton Floyd Real Estate Group

Firm/Company

509 Spring Street

Address

Jeffersonville, Indiana 47130

City, State and Zip Code

prichardson@dentonfloyd.com

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

For further information concerning this matter, please call:

Patrick Richardson

at (502) 339-0611

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$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 Fee, Certified Copy, and Certificate of Status

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. PORT 55 APARTMENTS 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.I.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3.

Date of Formation

4. Federal Employer Identification Number:

5. Name of Registered Agent for Service of Process and Florida Street Address:

Capitol Corporate Services, Inc.

515 East Park Avenue, 2nd Floor

Tallahassee, Florida 32301

6. 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.

Taylor Scay

Taylor Scay, Asst. Secretary

Signature of Registered Agent

7. Principal Office:

509 Spring Street

Jeffersonville, Indiana 47130

8. Mailing Address:

509 Spring Street

Jeffersonville, Indiana 47130

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: PORT 55 MM LLC

Name of General Partner:

Street Address: 509 Spring Street

Street Address:

Jeffersonville, Indiana 47130

Mailing Address: 509 Spring Street

Mailing Address:

Jeffersonville, Indiana 47130

Name of General Partner:

Street Address:

Mailing Address:

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Name of General Partner: Brandon Denton Name of General Partner: \_\_\_\_\_  
 Street Address: 509 Spring St. Street Address: \_\_\_\_\_  
Jeffersonville, TN 47130 \_\_\_\_\_  
 Mailing Address: 509 Spring St. Mailing Address: \_\_\_\_\_  
Jeffersonville TN 47130 \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 13 day of July, 2022

  
 Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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

Page 2 of 2

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# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORT 55 APARTMENTS LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORT 55 APARTMENTS LP" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204010819

Date: 07-26-22

6912470 8300

SR# 20223090136

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)