

07/30/2015 08:41

(FAX)

P.001/003

Division of Corporations

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

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305) 961-1450
Fax Number : (305) 423-3979

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Email Address: roland@windsor-capital.com

FLORIDA/FOREIGN LP/LLLP

WINDSOR INVESTMENTS (1720 NW 23rd STREET), LP

Certificate of Status	0
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Page Count	03
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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. WINDSOR INVESTMENTS (1720 NW 23rd STREET), 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. 28 Tahiti Beach Island Road

(Street address of initial designated office)

Coral Gables, Florida 33143

3. Keith H. Stolzenberg, Esq.

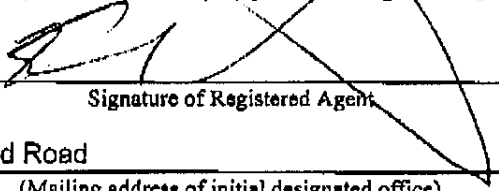
(Name of Registered Agent for Service of Process)

4. Stolzenberg Gelles Flynn & Arango, LLP

(Florida street address for Registered Agent)

1401 Brickell Avenue, Suite 825, Miami, FL 33131

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. 28 Tahiti Beach Island Road

(Mailing address of initial designated office)

Coral Gables, Florida 33143

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

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✓

8. Name and business address of each general partner:

Name: L15000127686
Windsor (1720 NW 23rd Street)-GP,LLC

Business Address:
28 Tahiti Beach Island Road
Coral Gables, Florida 33143

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.)

Signed this 30th day of July, 2015

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.

Rolando DiGasbarro, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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