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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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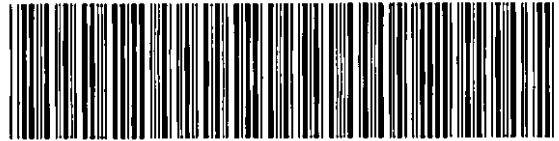
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/12/18

NAME: HAPPY BUILDING 6647 LP

TYPE OF FILING: CERTIFICATE FOR LIMITED PARTNERSHIP

COST: 1,000.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

18 JUN 12 PM 4:28

2018 JUN 12 AM 5:50

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

1. HAPPY BUILDING 6647 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 L.L.P.

2. 465 Brickell Av., #2001, Miami, FL 33131

(Street address of initial designated office)

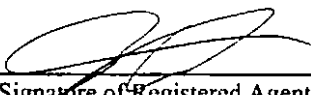
3. MICHAEL WIESENFELD

(Name of Registered Agent for Service of Process)

4. 465 Brickell Av., #2001, Miami, FL 33131

(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. 465 Brickell Av., #2001, Miami, FL 33131

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

HAPPY LIVIN 6647, LLC

465 Brickell Av., #2001, Miami, FL 33131

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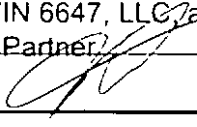
9. Effective date, if other than the date of filing: _____

(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 11th day of June, 2018

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.

HAPPY LIVIN 6647, LLC, a Florida LLC
as General Partner

By: 
Michael Wiesenfeld, Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75