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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

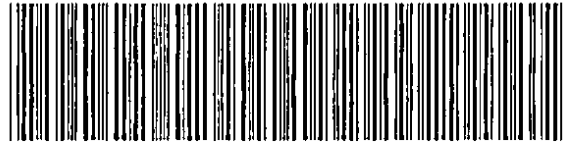
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2020 APR 22 PM 4:49

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45

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 267921 4300043

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE : April 21, 2020

ORDER TIME : 9:32 AM

ORDER NO. : 267921-005

CUSTOMER NO: 4300043

FILED  
2020 APR 22 PM 4:49  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CPB PARTNERS II LLLP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP/LLLP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT. 62980

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. CPB Partners II LLLP

(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.L.P.*

2. 300 SE FIFTH AVE #2080

(Street address of initial designated office)

BOCA RATON, FL 33432

3. DENNIS GILBERT

(Name of Registered Agent for Service of Process)

4. 300 SE FIFTH AVE #2080

(Florida street address for Registered Agent)

BOCA RATON, FL 33432

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.*

Dennis Gilbert

By: 

Signature of Registered Agent

6. 300 SE FIFTH AVE #2080

(Mailing address of initial designated office)

BOCA RATON, FL 33432

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

STATE OF FLORIDA  
TALLAHASSEE

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8. Name and business address of each general partner:

Name:

Business Address:

CPB Partners LLC

300 SE FIFTH AVE #2080

BOCA RATON, FL 33432

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2020 APR 22 PM 4:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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 21ST day of APRIL, 2020.

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.

By: CPB Partners LLC, its General Partner,

By: Dennis Gilbert, Manager

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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