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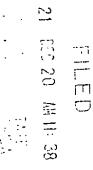
(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(D	ocument Number)	-
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		l

Office Use Only



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T. LEMIEUX DEC 29 2021

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: JULIAN ORLANDO PROPERTY		
Name of Foreign Limited Partn	ership or Limited	d Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		to register a foreign limited partnership or limited liability limited
Adam Brookland		
Contact Person		<u> </u>
Eric P. Stein, P.A.		
Firm/Company		
1820 NE 163 Street, Suite 100		
Address		_
North Miami Beach, FL 33162		
City, State and Zip Code		_
DocService@epslaw.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, pleas	se call:	
Adam Brookland	at (215	801-9426
Name of Contact Person	_ <u>'</u>	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 Fi and Certific	5 '

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

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

(Name of L Acceptable Limited I	Partnership suffixes: Limited Partner	bility Limited Partnership, which must in ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.1	
If name unavailable	name under which the limited partn business in Flori	ership or limited liability limited partnershida; must contain acceptable suffix.	p proposes to register to transact
2. Delaware		3 November 8, 2021	
St	ate or Country of Formation	Date of Form:	ition
4. Federal Employe	r Identification Number. 87-3510	168	
5. Name of Register Eric P. Stein, Esq.	red Agent for Service of Process and	1 Florida Street Address:	
1820 NE 163 Street.	Suite 100		
North Miami Beach.	FL 33162		
o. Thereny accept the of all statutes rela my position as reg	ntive to the proper and complete perfa istered agent. /s/ Eric P.	nd agree to act in this capacity. I further ag ormance of my duties, and I am familiar wit Stein Stein Greek Agent	ree to comply with the provisions h and accept the obligations of
7. Principal Office:		8. Mailing Address:	
4810 Jean-Talon We	est #408	4810 Jean-Talon West #408	<u> 22</u>
Montreal, QC		Montreal, QC	
H4P2N-5 CA		P2N-5 CA	20 20
9. If limited partne	rship is a limited liability limited pa	artnership, check box. 🗆	
	Loffice address, and mailing address Partner JULIAN ORLANDO PRO	DDD MILES	38 11: 38
	J810 Jean-Talon West #408		
Street Address:	Montreal, QC H4P2N-5 CA	Street Address:	
Mailing Address	4810 Jean-Talon West #408	Mailing Address:	
	Montreal, QC H4P2N-5 CA		
Name of Genera	Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address	:	Mailing Address:	

Page 1 of 2

Name of Ger	neral Partner:	Name of General Partner:	Name of General Partner:		
Street Addre	ss:	Street Address:			
Mailing Add	iress:	Mailing Address:			
Note: If the date document's effect 12. Attached is a Florida Department.	enserted in this block does not meet the active date on the Department of State's received attended of existence duly authenticate ent of State, by the Secretary of State or a	after the date this document is filed by the Florida Department of applicable statutory filing requirements, this date will not be listed cords. d, not more than 90 days prior to the delivery of this application to other official having custody of the entity's records in the jurisdict	as the		
he law of which Signed this <u>16</u> th	day of December	.20 21			
		ulian Orlando Property GP, LLC			
		frankforter nature of Leneral partner			
The individual si submitted in a do	gning this document affirms that the fact	nature of Ageneral partner Yaakov Frankforter, its Manager s stated herein are true and the individual is aware that false infort itutes a third degree felony as provided for in s.817,155, F.S.	mation		
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75			

Page 2 of 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF 'JULIAN
ORLANDO PROPERTY, LP', FILED IN THIS OFFICE ON THE EIGHTH DAY
OF NOVEMBER, A.D. 2021, AT 4:42 O'CLOCK P.M.



Authentication: 204647318

Date: 11-09-21

State of Delaware Secretary of State Division of Corporations Delivered 04:37 PM 11/08/2021 FILED 04:42 PM 11/08/2021 SR 20213736138 - File Number 6374354

STATE OF DELAWARE CERTIFICATE OF LIMITED PARTNERSHIP

The Undersigned, desirin Revised Uniform Limited			-	
certify as follows:				
First: The name of the lim	nited partnership	p is		
Julian Orlando Pro	operty, LP			
Second: The address of its	s registered offi	ce in the State	of Delaware is 12	:09
Orange Street	in the	e city of Wilm	ington	
Zip code <u>19801</u>	The name	e of the Regist	ered Agent at such	address is
The Corporation Tr	rust Compan	:y		
Julian Orlando Pr 4810 Jean-Talon W Montreal, Quebec	est, Suite			
In Witness Whereof, the	undersigned ha	s executed this	Certificate of Lin	nited
Partnership as of 8th	day of No	vember	2021	
	Julian Orla	ındo Property	GP, LLC, its Gene	ral Partner
	By:	GFrank		
	Auth	orized Person	ı - Manager	
	Name:	Yaakov Fr	ankforter	
		(type or print name)		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JULIAN ORLANDO PROPERTY, 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 TENTH DAY OF NOVEMBER, A.D. 2021.

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

AND CONTROL OF THE PARTY OF THE

Authentication: 204659499

Date: 11-10-21

6374354 8300 SR# 20213766002