

A07000000467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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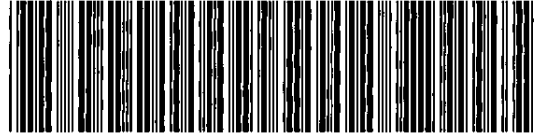
(Business Entity Name)

(Document Number)

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07 MAR 20 PM 12:48

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 MAR 20 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

*file second*

ACCOUNT NO. : 072100000032

REFERENCE : 810842 11504A

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 1000.00

ORDER DATE : March 20, 2007

ORDER TIME : 11:25 AM

ORDER NO. : 810842-010

CUSTOMER NO: 11504A

**FILED**  
07 MAR 20 PM 3:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DOMESTIC FILING

NAME: BIRKENWALD FAMILY LIMITED  
PARTNERSHIP

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

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

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

1. Birkenwald Family Limited Partnership

(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. 17101 NE 19th Avenue, #201

(Street address of initial designated office)

North Miami Beach, FL 33162

3. Richard Birkenwald

(Name of Registered Agent for Service of Process)

4. 17101 NE 19th Avenue, #201

(Florida street address for Registered Agent)

North Miami Beach, FL 33162

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.*

Richard Birkenwald

Signature of Registered Agent

6. 17101 NE 19th Avenue, #201

(Mailing address of initial designated office)

North Miami Beach, FL 33162

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Birkenwald LLC

17101 NE 19th Avenue, #201

L07000024869

North Miami Beach, FL 33162

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 19th day of March, 2007.

Signature of each general partner:

Birkenwald LLC

By:

Gabriel Birkenwald, Mgr.

and By:

Richard Birkenwald, Mgr.

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**