

A07 0000001311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

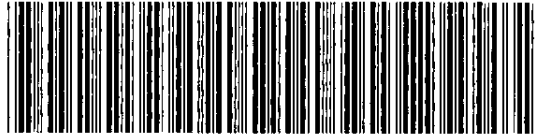
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A07-1311  
@ 11-29

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paritet Motors, L.P

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Son Trinh

(Contact Person)

Paritet Usa, Inc.

(Firm/Company)

6511 NOVA DR. POSTAL MAILBOX 191

(Address)

DAVIE, FLORIDA, 33317

(City, State and Zip Code)

For further information concerning this matter, please call:

Son Trinh

at ( 954 ) 920-9947

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

1. Paritet Motors, L.P.

(Name of Limited Partnership for 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. 116 N. 13th Ave. #107

(Street address of initial designated office)

Hollywood, FL 33019

3. Son Trinh

(Name of Registered Agent for Service of Process)

4. 116 N. 13th Ave. #107

(Florida street address for Registered Agent)

Hollywood, FL 33019

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. 6511 NOVA DR. POSTAL MAILBOX 191

(Mailing address of initial designated office)

DAVIE, FLORIDA, 33317

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:

Business Address:

Son Trinh

116 N. 13th Ave. #107

Hollywood, FL 33019

Jaquaris Brown

6511 NOVA DR. POSTAL MAILBOX 191

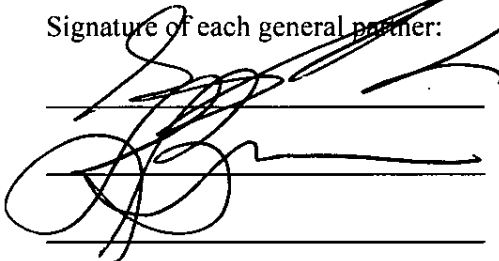
DAVIE, FLORIDA, 33317

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 26 day of November, \_\_\_\_\_

Signature of each general partner:



**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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