

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1 of 3

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 OCT -8 PM 3:19

DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

000335580160

CR2E039 (11/10)

DOCUMENT # A12000000305

1. Name of Limited Partnership

DECC INVESTMENTS, LLLP

2. Principal Office Address - No P O Box #

5601 Arbor Lane

3. Mailing Office Address

5601 Arbor Lane

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33156

Country

US

Zip

33156

Country

US

4. Date Formed or Registered
To Do Business in Florida

5/25/2012

5. FEE Number

80-0820184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

COGENCY GLOBAL INC.

Street Address (P.O. Box Number is Not Acceptable)

115 N CALHOUN ST, STE. 4

Suite, Apt. #, Etc.

City

TALLAHASSEE

FL

Zip Code

32301

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

/s/ Jacqueline Almeida

DATE 10/8/19

(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

DECC Holdings, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

5601 Arbor Lane

City, State and Zip Code

Coral Gables, 33156

10a. Registration
Document Number

L12000070367

T MOORE
OCT 25 2019

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I certify that the information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner, receiver or trustee empowered to execute this application as required by Chapter 620, Florida Statutes. I am 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.

SIGNATURE

Clinton Biondo

Signing on behalf of the GP

DATE 9/19/2019

Typed or Printed Name of General Partner Signing Form

E-mail Address: lmurray@st-fed.com

Telephone Number



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

pg. 2 of 3

Account#: I20000000088

Date: 10/08/2019

Name: Merritt Walker

Reference #: 1133473

Entity Name: DECC INVESTMENTS, LLLP

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☒ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other

19 OCT - 9 AM 4:30

Authorized Amount: \$587.50 CV

Signature: mw

See attached

500.00
57.50

T MOORE
OCT 20 2019

pg. 3 of 3



COGENCYGLOBAL[®]

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 10/08/2019

Name: Merritt Walker

Reference #: 1133473

Entity Name: DECC INVESTMENTS, LLLP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$535

Signature: *Merritt Walker*

T MOORE
OCT 11, 2019