

A15000000494

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
1600 WEST 25 STREET LLLP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

98619

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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H15000190708

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1600 WEST 25 STREET LLLP

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:

Gryska Sotolongo

Contact Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City, State and Zip Code

Gryska@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo

at (305)

448-5898

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

CR2E030 (01/06)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 06 AM 9:39

FILED



August 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 1600 WEST 25 STREET LLLP
REF: W15000053166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H15000190708
Letter Number: 915A00016641

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

1. 1600 West 25 Street 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 LLLP.

2. c/o 90 Almeria Avenue

(Street address of initial designated office)

Coral Gables, FL 33134

3. Thomas G. Sherman, P.A

(Name of Registered Agent for Service of Process)

4. 90 Almeria Avenue, Coral Gables, FL 33134

(Florida street address for Registered Agent)

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. 90 Almeria Avenue, Coral Gables, FL 33134

(Mailing address of initial designated office)

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

Page 1 of 2

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8. Name and business address of each general partner:
Name: 1600 West 25 Street GP, LLC
Business Address: c/o 90 Almeria Avenue
Coral Gables, FL 33134

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 5th day of August

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.

Pat Reines, Mar

Filing Fees:
Certified Copy (optional):
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered A
\$52.50
\$8.75
Page 2 of 2

CORP USA