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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP
Daytona Bluetide Group Limited Partnership

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Help

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

1. DAYTONA BLUETIDE GROUP 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. 315 E. ROBINSON STREET, SUITE 600

(Street address of initial designated office)

ORLANDO, FLORIDA 32801

3. JOSEPH C.L. WETTACH, ESQUIRE

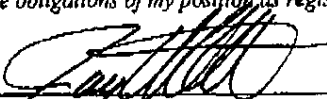
(Name of Registered Agent for Service of Process)

4. 315 E. ROBINSON STREET, SUITE 600

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32801

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. 315 E. ROBINSON STREET, SUITE 600

(Mailing address of initial designated office)

ORLANDO, FLORIDA 32801

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:

DAYTONA BLUETIDE GROUP, INC.

315 E. ROBINSON STREET, SUITE 600

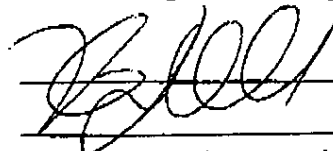
ORLANDO, FLORIDA 32801

9. Effective date, if other than the date of filing: UPON 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 November, 2015.

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.



By: Fabrizio Lucchese
President of Daytona Bluetide Group, Inc.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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