

# A15000000768

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

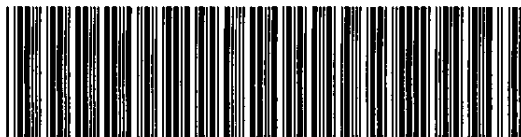
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2015 DEC -2 PM 4:03  
CLERK OF SUPERIOR COURT  
TALLAHASSEE FLORIDA

DEC 03 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRACY MANAGEMENT LIMITED PARTNERSHIP

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:

ARI KUGLER

Contact Person

Firm/Company

317 NE 2nd Street

Address

Boca Raton, FL 33432

City, State and Zip Code

arikugler@gmail.com

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

For further information concerning this matter, please call:

Merrill A. Bookstein

Name of Contact Person

at ( 561 ) 715-3219

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

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

1. GRACY MANAGEMENT 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. 317 NE 2nd Street Boca Raton, FL 33432

(Street address of initial designated office)

3. Ari Kugler

(Name of Registered Agent for Service of Process)

4. 317 NE 2nd Street Boca Raton, FL 33432

(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. 317 NE 2nd Street Boca Raton FL 33432  
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

45000065636

**Luxoori Management LLC a Florida Limited Liability Company**

**Business Address:**

317 NE 2nd Street Boca Raton, FL 33432

2015 DEC -2 PM 4:03  
SILVERMOUNT STATE  
ALLAHASSEE 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 30 day of July, 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.

Luxcoori Management LLC  
a Florida limited liability company

By: ARI Kugler - Manager

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**