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DIVISION OF CITAGONICATES

COVER LETTER

TO:	Registration Section Division of Corporations			
CHRI	ECT: FACTORY GROUP, LTD			
SUDJ	Name of Florida Limited Partn	ership or Limited L	iability Limited Partnership	
The e	nclosed Certificate of Limited Partnersh	nip and fees are s	submitted for filing.	
Please	e return all correspondence concerning	this matter to:		
Gust	tavo Sardina, Esq.			
	Contact Person			
Law	Office of Alexis Gonzalez PA			
	Firm/Company			
3162	2 Commodore Plaza Suite 3E			
	Address			
Coc	onut Grove, FL 33133			
_	City, State and Zip Code			
gsar	dina@aglawpa.com E-mail address: (to be used for future annual re	nort notification)		
For further information concerning this matter, please call:				
Gus	tavo Sardina	_at (<u>305</u>	223-9999	
	Name of Contact Person	Area Code and	d Daytime Telephone Number	
Encl	osed is a check for the following amour	nt:		
\$3	.000.00 Filing Fees 965 Filing Fee and 15 Registered Agent Status	S1,052.50 Filin and Certified C		
Regi Divi Clift 266	REET ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle	Registra Divisio P. O. B	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	

CR2E030 (01/06)

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

FACTORY GROUP, LTD	
(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. 1800 N BAYSHORE DRIVE, APT 512	1
(Street address of initial designated office)	E
Miami, Florida 33132	5
Yann Henric	B PH
(Name of Registered Agent for Service of Process)	ن
1800 N BAYSHORE DRIVE, APT 512	1. C. C.
(Florida street address for Registered Agent)	Đ:
Miami FL 33132	
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. 1800 N BAYSHORE DRIVE, APT 512	
(Mailing address of initial designated office)	
Miami, Florida 33132	
7. If limited partnership elects to be a limited liability limited partnership, check box	

Name and business address of each pame:	general partner: <u>Business Address:</u>
Wingstone LLC	801 Brickell Avenue, Suite 900
	Miami, Florida 33131
East Media LLC	1800 N Bayshore Drive, Apt 512
	Miami, Florida 33132
	=== -
	T AUG 23 PH 2: 16 DIVISION OF COLUMN CALLONS OF C
9. Effective date, if other than the date of filing	ng:
(Effective date cannot be prior to nor filed by the Florida Department of Sta	more than 90 days after the date the document is ate.)
	August
Signature of each general partner: I/W stated herein are true. I/We am/are aw	Ve submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
Yann Henric, as Manager of East Media LLC	Matthew Giles. as Manager of Wingstone LLC
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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