

# A18000065883

Florida Department of State  
Division of Corporations  
Filing Case Sheet

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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCHÉ  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

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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.\*\***

Email Address: \_\_\_\_\_

## FLORIDA/FOREIGN LP/LLLP Alessi Investments, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

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Help

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

1. Alessi Investments, 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. 4701 West Comanche Avenue

(Street address of initial designated office)

Tampa, FL 336143. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd., Suite 700

(Florida street address for Registered Agent)

Tampa, FL 33606

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.

x

  
 Signature of Registered Agent
6. Post Office Box 15584

(Mailing address of initial designated office)

Tampa, FL 336847. If limited partnership elects to be a limited liability limited partnership, check box ☐

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H18000065883

8. Name and business address of each general partner:-

Name:

Business Address:

Alessi Family Office, Inc.

4701 W. Comanche Avenue

Tampa, FL 33614


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 27<sup>th</sup> day of February, 2018

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 in s.817.155, F.S.

ALESSI FAMILY OFFICE, INC.

By:   
Alessandra Alessi Cole, Co-President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

Page 2 of 2

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