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(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone #)				
PICK-UP	MAIL MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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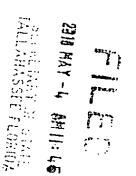
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CORPORATE ACÇESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN PICK UP: Glinda 5/4	•
CERTIFIED COPY	
РНОТОСОРУ	
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FILING	
Bronte Hills Monagement LP	
(CORPORATE NAME AND DOCUMENT #)	
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(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #) **L INSTRUCTIONS:	

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

1. Bronte Hills Management LP
(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. 1062 Summit Trail Circle # D
(Street address of initial designated office)
West Palm Beach, FL 33415
3. Registered Agents Inc.
(Name of Registered Agent for Service of Process)
4,3030 N. Rocky Point Dr. Ste. 150A
(Florida street address for Registered Agent)
Tampa, FL 33607
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.
Bill Havee Signature of Registered Agent
Signature of Registered Agent
6.1062 Summit Trail Circle #D
(Mailing address of initial designated office)
West Palm Beach, FL 33415
7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business ad Name:	5037571			
Bronte Hills Corp.		1062 Summit Trail Circl	e #D	
		West Palm Beach, FL	33415	
				
				
			TA IA	
			1 SS 1	
9. Effective date, if other than	the date of filing:			
(Effective date cannot be filed by the Florida Depa	prior to nor more t rtment of State.)	than 90 days after the date the doc	cument is	
Signed this 30	day of April	, 2018		
stated herein are true. I/W	e am/are aware tha	nit this document and affirm that at any false information submitted utes a third degree felony as provi	in a	
Filing Fees: Certified Copy (optional	\$1,000. l): \$52.50	.00 (\$965 Filing Fee and \$35 Registered	d Agent Fee)	

Page 2 of 2