

MAY-14-2018 MON 12:27 PM

Division of Corporations

FAX:

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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 552-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2018 MAY 14 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FLORIDA/FOREIGN LP/LLP
Pavilion Partners, LP

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

1. PAVILION PARTNERS, 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. 2627 South Bayshore Dr., # 2204

(Street address of initial designated office)

Miami, Florida 33133

3. CT Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324.

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.*

Judith Argao
Vice President
and Assistant Secretary


Signature of Registered Agent

6. 2627 South Bayshore Dr., # 2204

(Mailing address of initial designated office)

Miami, Florida 33133

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:

PP1 Manager, LLC

2627 South Bayshore Dr., # 2204

Miami, Florida 33133

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 3rd day of May, 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 for in s.817.155, F.S.

By: PP1 Manager, LLC, its general partner

Seth Werner, 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

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