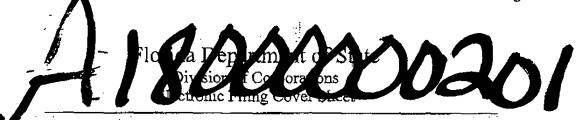
Division of Corporation

P.001

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001453673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 : (305)374-7580 Phone

Fax Number : (305)351-2122

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

Email Address:

FLORIDA/FOREIGN LP/E/LLP

Pavilion Partners, LP

Certificate of Status	- El	1
Certified Copy	:'	1
Page Count		02
Estimated Charge		\$1,061.25

URIMA ~~4399

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS MAY 1 5 2018

H18000145367 3

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

Carle of French

1. PAVILION PARTNERS, LP	• • • • • • • • • • • • • • • • • • • •
Acceptable Limited Partnership suffixes: Limited	lability Limited Partnership, which must include suffix) and Partnership, Limited, L.P., LP, or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L. L. E.
2, 2627 South Bayshore Dr., # 2204	المسلم المراقبة المسلم المسلم المراقبة المسلم الم
	of initial designated office)
Miami, Florida 33133	
3. CT Corporation System	
~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>	d Agent for Service of Process)
4,1200 South Pine Island Road	
· · · · · · · · · · · · · · · · · · ·	ddress for Registered Agent)
Plantation, Florida 33324.	· A
comply with the provisions of all statutes relative and I am familiar with and accept the obligation	ad agent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, es of my position as registered agent.  Judith Argao  Vice President  and Assistant Secretary  of Registered Agent
6,2627 South Bayshore Dr., # 2204	· · · · · · · · · · · · · · · · · · ·
	of initial designated office)
(Mailing address	
(Mailing eddress Mlami, Florida 33133	- ,

Page 1 of 2

कि होते कि ए अस्तर ते पुष्टि

H18000145367 3

t:

. . 1

H18000145367 3

8. Name and business address of each Name:	Business Address:
PP1 Manager, LLC	2627 South Bayshore Dr., # 2204
	Miami, Florida 33133
,	
	The state of the s
- ·	
9. Effective date, if other than the date of fill	ing:
(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.)
Signed this 3rd day of f	
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 By, poi semper. The less general partner and Seth Werner, Manager
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2