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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*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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ADMINISTRATION  
FLORIDA

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FLORIDA/FOREIGN LP/LLP  
UNIVERSITY II PORTFOLIO LP

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|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$1,000.00 |

T. CLINE

NOV 20 2018

EXAMINER

2018 NOV 19 PM 3:40

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


1. UNIVERSITY II PORTFOLIO 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. 5014 16TH AVE #416  
(Street address of initial designated office)  
BROOKLYN, NY 11204

3. INTERSTATE AGENT SERVICES LLC  
(Name of Registered Agent for Service of Process)

4. 1540 GLENWAY DRIVE  
(Florida street address for Registered Agent)  
TALLAHASSEE, FL 32301

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. 5014 16TH AVE #416  
(Mailing address of initial designated office)  
BROOKLYN, NY 11204

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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TALLAHASSEE, FLORIDA

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

Name:Business Address:

YECHESKEL MILSTEIN

5014 16TH AVE #416

BROOKLYN, NY 11204

SHIA GRUNZWEIG

5014 16TH AVE #416

BROOKLYN, NY 11204

## 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.)***Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.Signed this 19TH day of NOVEMBER, 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.

Shia Grunzweig



Yecheskel Milstein

**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**2018 NOV 19 AM 8:47  
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