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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

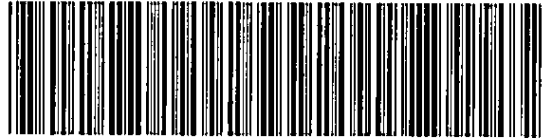
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEC 26 2018

TALLAHASSEE, FLORIDA

2018 DEC 26 A 3:05

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D. SCOTT

JAN 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BE BOLD HOLDINGS LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

JAIME BOLLINGER CPA

Contact Person

SUSKO WEALTH MANAGEMENT LLC

Firm/Company

1415 PANTHER LANE, SUITE 352

Address

NAPLES, FL 34109

City, State and Zip Code

JAIMEBOLLINGER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME BOLLINGER

at (239) 598-0093

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (S965 Filing Fee and \$35 Registered Agent Fee) ☒ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

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2010 DEC 26 A 3:05
TALLAHASSEE, FLORIDA

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

1. BE BOLD HOLDINGS 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.P. or LLLP.

2. 4006 ORTEGA FOREST DRIVE

(Street address of initial designated office)

JACKSONVILLE, FL 32210

3. ZACHARY ZOVATHI

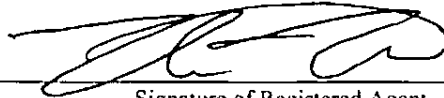
(Name of Registered Agent for Service of Process)

4. 4006 ORTEGA FOREST DRIVE

(Florida street address for Registered Agent)

JACKSONVILLE, FL 32210

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. 4006 ORTEGA FOREST DRIVE

(Mailing address of initial designated office)

JACKSONVILLE, FL 32210

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

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ALACHUA COUNTY FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ZE PARTNERS LLC

8102 BLANDING BLVD STE 11

JACKSONVILLE, FL 32244

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2018 DEC 26 A 3:05
FLA. ASSOCI. OF CPAs

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 17TH day of DECEMBER, 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.



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75