

A190000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

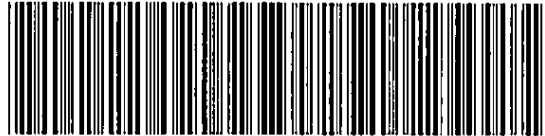
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -8 AM 8:25

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

19 MAR -8 PM 4:15

4811
S. PRATHER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 677825 4371937

AUTHORIZATION :



COST LIMIT : \$ 1,000.00

ORDER DATE : March 8, 2019

ORDER TIME : 3:15 PM

ORDER NO. : 677825-005

CUSTOMER NO: 4371937

DOMESTIC FILING

NAME: FLAGLER REI HOLDINGS, LLLP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP
FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAGLER REI HOLDINGS, LLLP

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:

MICHELSA CALDERON

Contact Person

c/o TRIVEST INVESTMENT PARTNERS

Firm/Company

550 S. DIXIE HIGHWAY, SUITE 300

Address

CORAL GABLES, FL 33146

City, State and Zip Code

MCALDERON@TRIVEST.COM

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

For further information concerning this matter, please call:

MICHELSA CALDERON

at (305) 858-2200 X 3496

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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

1. FLAGLER REI HOLDINGS, LLLP

(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. 550 S. Dixie Highway, Suite 300

(Street address of initial designated office)

Coral Gables, FL 33146

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(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.*

Corporation Service Company

By:

Emily Croft
Signature of Registered Agent

Emily Croft

Asst. Vice President

6. 550 S. Dixie Highway, Suite 300

(Mailing address of initial designated office)

Coral Gables, FL 33146

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

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TALLAHASSEE, FL
STATE

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8. Name and business address of each general partner:

Name:

Business Address:

BLAKE REM, LLC

262 4TH AVE NORTH

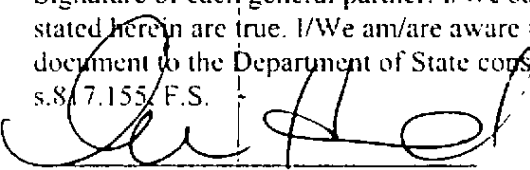
ST. PETERSBURG, FL 33701

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 7TH day of MARCH, 2019.

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.


Sheri Hammond

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

2019 MAR -8 AM 8:25

FILED

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TALLAHASSEE, FL