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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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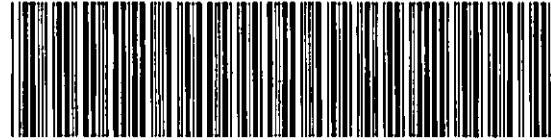
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAR 28 PM 7:23  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LENNOX PROPERTY GROUP 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:

Catheryne Mora

\_\_\_\_\_  
Contact Person

Pertman, Bajandas, Yevoli & Albright PL

\_\_\_\_\_  
Firm/Company

283 Catalonia Avenue, Suite 200

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City, State and Zip Code

cmora@phyalaw.com

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

For further information concerning this matter, please call:

Catheryne Mora

at ( 305 ) 377-0086

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees ( \$965 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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2019 JUN 28 PM 4:23  
TALLAHASSEE, FL

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP**

1. Name of Limited Partnership: LENNOX PROPERTY GROUP LP.
2. Street address of initial designated office: 283 Catalonia Avenue, Suite 200, Coral Gables, FL 33134.
3. Mailing address of initial designated office: 283 Catalonia Avenue, Suite 200, Coral Gables, FL 33134.
4. Name of registered Agent: PBYA Corporate Services, LLC.
5. Street address for Registered Agent: 200 S. Andrews Avenue, Suite 600, Fort Lauderdale, FL 33301.

*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. Name and business address of each general partner:

<u>Name</u>	<u>Address</u>
Lennox Property Management, LLC, a Florida limited liability company	283 Catalonia Avenue Suite 200 Coral Gables, FL 33134

We submit this document and affirm that the facts stated herein are true. We 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.

Signed this 26<sup>th</sup> day of March, 2019.

**LENNOX PROPERTY MANAGEMENT, LLC,** a  
Florida limited liability company, General Partner

By: \_\_\_\_\_  
Ricardo Bajanday, Authorized Representative