

A19000000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

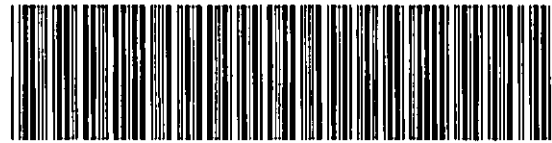
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700326853917

03/28/19--01027--021 **1008.75

FILED
2019 MAR 28 P 7 23
MILWAUKEE

4/3/19 ds

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:

FILED
2019 FEB 28 P 7:23
TALLAHASSEE, FL

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

emora@pbyalaw.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

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

1. Name of Limited Partnership: LENNOX PROPERTY GROUP L.P.
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 26th day of March, 2019.

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

By: _____
Ricardo Bajandry, Authorized Representative

FILED
2019 MAR 28
CLERK OF STATE
TALLAHASSEE, FL