419000000164

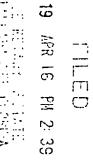
| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| <u>.</u> ! | | | | |
| | | | | |

Office Use Only



100327573111

04/16/19--01017--015 **1052.50





March 14, 2016

Division of Corporations Registration Section PO Box 6327 Tallahassee FL 32314

RE: G & A Equities LLLP

To whom it may concern:

Enclosed are One (1) original and One (1) copy of the Certificate of LLLP in Florida. A check in the amount of \$1052.50 for the filing fee and certified copy.

Once filed, please email to Danielle@sageintl.com and return in the enclosed self-addressed envelope to:

Attn Danielle Henriksen Sage International, Inc. 1135 Terminal Way Ste 209 Reno NV 89502

We appreciate your prompt attention to this matter. If you have any questions, please contact me by phone.

_Thank you,

Janielle Henriksen

Business Support Specialist

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: G&A Equities LLLP | | |
| | tnership or Limited Liability Limited Partnership | |
| The enclosed Certificate of Limited Partnersh | ip and fees are submitted for filing. | |
| Please return all correspondence concerning the | his matter to: | |
| Danielle Henriksen | | |
| Contact Person | | |
| Sage International, Inc. | | |
| Firm/Company | | |
| 1135 Terminal Way Ste 209 | | |
| Address | | |
| Reno NV 89502 | | |
| City, State and Zip Code | | |
| danielle@sageintl.com | | |
| E-mail address: (to be used for future annual repo | rt notification) | |
| For further information concerning this matter | , please call: | |
| Danielle Henriksen | 1 (775) 786-5515 | |
| Name of Contact Person | Area Code and Daytime Telephone Number | |
| Enclosed is a check for the following amount: | | |
| S1.000.00 Filing Fees S1.008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | \$1,052.50 Filing Fees S1,061.25 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)

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

| 1200 South Pine Island Ro | | 1 9 |
|--|---|--------------------------|
| | (Street address of initial designated office) | |
| Plantation FL 33324 | | 至 第 |
| | | <u> </u> |
| Business Filings Incorpora | ated | in the second |
| | (Name of Registered Agent for Service of Process) | 1 |
| 10000 1 -1 -1 | | سب نیفر دسو د نیو |
| 1200 South Pine Island Ro | oad, Plantation FL 33324 | |
| 1200 South Pine Island Ro | (Florida street address for Registered Agent) | <u> </u> |
| 1200 South Pine Island Ro | | 7 |
| I hereby accept the appoin th the provisions of all state th and accept the obligation | | ities, and I am familiar |
| I hereby accept the appoint the provisions of all state the and accept the obligation | (Florida street address for Registered Agent) ntment as registered agent and agree to act in this capacity. In the proper and complete performance of my distributes of my position as registered agent. | ities, and I am familiar |

Page 1 of 2

| 8. Name and business address of each g | eneral partner: Business Address: | |
|---|-----------------------------------|---|
| G. Equity. Inc. | 1135 Terminal Way S | Ste 209 |
| | Reno NV 89502 | |
| ····· | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | - P P P P P P P P P P P P P P P P P P P |
| | | 39 |
| 9. Effective date, if other than the date of (Effective date cannot be prior to nor mother Florida Department of State.) | ore than 90 days after to | |
| Note: If the date inserted in this block do this date will not be listed as the docume | nt's effective date on the | ne Department of State's records. |
| Signed this da | y of | ,2019 |
| Signature of each general partner: I/We sherein are true. I/We am/are aware that a Department of State constitutes a third default. | ny false information su | bmitted in a document to the |
| G. Equity, Inc. by its Pr | esident Craig | Brown |
| | 2.50 | nd \$35 Registered Agent Fee) |