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H)	equestor's Name)	
(A	ddress)	
(A	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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CR2E030 (6/17)

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEMON AVENUE SRQ PROPERTI	ES LP
Name of Florida Limited Pa	armership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
TIMOTHY S. SHAW, ESQ.	
Contact Person	<del></del>
KIRK PINKERTON, P.A.	
Finn/Company	
240 SOUTH PINEAPPLE AVENUE, SIXTH FLOO	R
Address	
SARASOTA, FL 34236	
City, State and Zip Code	
TSHAW@KIRKPINKERTON.COM	
E-mail address: (to be used for future annual re-	port netification)
For further information concerning this matt	er, please call:
TIMOTHY S. SHAW, ESQ.	at ( <sup>941</sup> ) <sup>364-2435</sup>
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	ıt:
S1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and S35 Registered Agent Fee)	S1,052.50 Filing Fees \$1,061.25 Filing Fees, and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

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

EMONE	A 1/ E 1/1 / E	CDA DDA	ו ליבוד מימים	n

2. 240 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR

(Name of Limited Parmership 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.

	(Street address of initial designated office)
S	ARASOTA, FL 34236
3 <sup>T3</sup>	MOTHY S. SHAW, ESQ.
	(Name of Registered Agent for Service of Process)
4. 24	40 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR
	(Florida street address for Registered Agent)
\$.	ARASOTA, FL 34236
with	the provisions of all statules relative to the proper and complete performance of my duties, and I am familial and accept the obligations of my position as registered agent.  Significant of Registered Agent  10 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR
٠,	. (Mailing address of initial designated office)  ARASOTA, FL 34236
	TO 10 (1) 1-230
7. I	f limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2

2019 MAY 24 AM IO: 31

Name:	Business Address:		
Kain Street Sarasota General Partner Ltd. Corporation	700 Kerr St., Suite 100		
	Oakville, Ontario L6K 3W5, Canada	•	
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Effective date cannot be prior to no he Florida Department of State.) Note: If the date inserted in this bloc	ate of filing: Date of Filing remove than 90 days after the date the document is filled the does not meet the applicable statutory filing required the ument's effective date on the Department of State's results.	ments.	
Signed this	_ day of		
iereimare frije. I/We am/are aware ti	We submit this document and affirm that the facts start hat any false information submitted in a document to the rd degree felony as provided for in s.817.155, F.S.  of Main Street Saunta Funcial Particular and Parti	the	
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		