

A19000000892

(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:

W19-62344

Office Use Only



600330844136

06/20/19 - 01/13/2025 **1000.00

FILED
2019 JUL 19 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
JUL 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

ASAF MENGELGREIN
3389 SHERIDAN ST. #264
HOLLYWOOD, FL 33021

SUBJECT: STRINGFELLOW HAWK LLLP
Ref. Number: W19000062344

We have received your document for STRINGFELLOW HAWK LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited partnership wishes to be a limited liability limited partnership, the document must contain a statement to that effect. Please amend your document accordingly.

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 419A00013658

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2019 JUL 19 PM 2:39
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

April 2, 2019

To:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

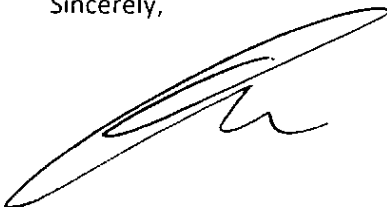
Name Release Letter

To Whom It May Concern,

Please accept this letter as a "Name Release Letter" authorizing the use of the company name **Stringfellow Hawk, LLLP. (A17000000318)** Unfortunately, there was a miscommunication with my attorney and the annual filing fee was not paid, therefore, I will be reopening this company as a new filing. The filing application and payment are included within.

Should you have any questions or concerns, please do not hesitate to contact me directly at 1.407.342.3851. Email: greengroupdevelopment@gmail.com

Sincerely,



Asaf Mengelgrein

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2019 JUL 19 PM 2:39
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stringfellow Hawk
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:

Asaf Mengelgrein
Contact Person

Miami Green Development
Firm/Company

3389 Sheridan St. #264
Address

Hollywood, FL 33021
City, State and Zip Code

greengroupdevelopment@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ace at (407) 342 3851
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (S965 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

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2019 JUL 19 PM 2:39
TALLAHASSEE, FL
CLERK OF COURT

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

1. Stringfellow Hawk 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. 20355 NE 34 CT #2025
(Street address of initial designated office)

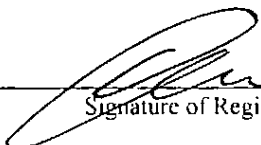
Aventura, FL 33180

3. Asaf Mengelgrein
(Name of Registered Agent for Service of Process)

4. 20355 NE 34 CT Apt # 2025
(Florida street address for Registered Agent)

Aventura, FL 33180

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.



Signature of Registered Agent

6. 3389 Sheridan St # 264
(Mailing address of initial designated office)

Hollywood, FL 33021

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

8. Name and business address of each general partner:

Name:

Business Address:

Miles Adonis, Inc.

20355 NE 34 CT #2025

Aventura, FL 33180

P19000035684

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STATE OF FLORIDA
DEPARTMENT OF STATE

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 13 day of April 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.

Miles Adonis Inc., member _____

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75