

A190000000358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock c/o Capitol Services, Inc.

Date: 9/5/2019

Trans#: 1074349

Entity Name: ARBOR PLACE ROI LP

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership (XX)

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK#1603 FOR \$1061.25

PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ( )

Good Standing (XX)

Certificate of Fact ( )

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arbor Place ROI 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:

Noam Avrahami

Contact Person

Arbor Place ROI LP

Firm/Company

P.O. Box 4175

Address

Fort Lauderdale, FL 33338

City, State and Zip Code

noam@roi-cap.com

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

For further information concerning this matter, please call:

Jeffrey Shear, Esquire

at (813) 387-0300

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Arbor Place ROI LP

(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. 2700 W. Cypress Street Road, #D128

(Street address of initial designated office)

Fort Lauderdale, FL 33309

3. Shay Atiya


(Name of Registered Agent for Service of Process)

4. 2700 W. Cypress Street Road, #D128

(Florida street address for Registered Agent)

Fort Lauderdale, FL 33309

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. P.O. Box 4175

(Mailing address of initial designated office)

Fort Lauderdale, FL 33338

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

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8. Name and business address of each general partner:

Name:

Business Address:

Arbor Place GP LLC

L19000215888

2700 W. Cypress Street Road, #D128

Fort Lauderdale, FL 33309

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 with 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 4<sup>th</sup> day of September, 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.

\_\_\_\_\_

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**