

A1900000359

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

2019 SEP-6 PM 4:30
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLP Lecesse Noma, LLLP

Certificate of Status	1
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Page Count	03
Estimated Charge	\$1,008.75

Y SCOTT

SEP 09 2019



2019 SEP-6 PM 3:57

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

1. LECESSE NOMA, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 650 S. NORTHLAKE BOULEVARD, SUITE 450, ALTAMONTE SPRINGS, FLORIDA 32701

(Street address of initial designated office)

3. LECESSE DEVELOPMENT CORP.

(Name of Registered Agent for Service of Process)

4. 650 S. NORTHLAKE BOULEVARD, SUITE 450, ALTAMONTE SPRINGS, FLORIDA 32701

(Florida street address for Registered Agent)

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.

Salvador Lecece

Signature of Registered Agent

6. 650 S. NORTHLAKE BOULEVARD, SUITE 450, ALTAMONTE SPRINGS, FLORIDA 32701

(Mailing address of initial designated office)

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:

LECESSE WESTSTATE NOMA, LLC

650 S. NORTHLAKE BOULEVARD

SUITE 450

ALTAMONTE SPRINGS, FL 32701

2019 SEP - 6 PM 4:36
 FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 6th 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.

Leesse Weststate Noma, LLC

By: Salvador Leccese
President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75