

A190000362

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000269745 3)))



H190002697453ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****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
Noma Holdings, LLLP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

Y SCOTT

SEP 10 2019

2019 SEP -9 PM 2:55

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

1. Noma Holdings, 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 L.L.P.

2. 650 S. Northlake Boulevard, Suite 450, Altamonte Springs, FL 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, FL 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 Lecesse
Signature of Registered Agent

6. 650 S. Northlake Boulevard, Suite 450, Altamonte Springs, FL 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 Noma, LLLP

650 S. Northlake Boulevard

Suite 450

Altamonte Springs, FL 32701

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 9th 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.

Salvador Lecesse

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