

10/9/2019

Division of Corporations

**A1900000463**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000300971 3)))



H190003009713ABCJ

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

From: Account Name : HTG UNITED, LLC  
Account Number : I20190000094  
Phone : (305)860-8188  
Fax Number : (305)639-8427

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

Email Address: glendab@htgf.com

2019 OCT 15 PM 3:07

**FLORIDA/FOREIGN LP/LLLP  
2ND AVENUE GROVE, LTD**

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

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Corporate Filing Menu

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OCT 16 2019

October 15, 2019

**VIA EMAIL**

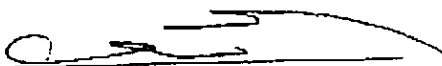
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314  
Attention: Karen Saly  
Regulatory Specialist II

RE: 2nd Avenue Grove, LTD and 2nd Avenue Grove, LLC same principals  
REF: W19000090794  
Letter Number: 119A00020822  
FAX Aud. #: H19000300971

Dear Ms. Karen Saly,

The purpose of this letter is to serve as confirmation that the principals of 2<sup>nd</sup> Avenue Grove, LTD (Limited Partnership) and 2<sup>nd</sup> Avenue Grove, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000090794 (for 2nd Avenue Grove, LTD) so that it may be used.

Sincerely,  
2<sup>nd</sup> Avenue Grove, LLC

  
Orli Teitelbaum, Manager

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

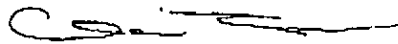
1. 2ND AVENUE GROVE, LTD  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 3225 AVIATION AVE, 6TH FLOOR  
(Street address of initial designated office)  
COCONUT GROVE, FL 33133

3. ORLI TEITELBAUM  
(Name of Registered Agent for Service of Process)

4. 1391 SAWGRASS CORPORATE PARKWAY  
(Florida street address for Registered Agent)  
SUNRISE, FL 33323

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. 3225 AVIATION AVE, 6TH FLOOR  
(Mailing address of initial designated office)  
COCONUT GROVE, FL 33133

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:

ANDREW BALOGH

1391 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

ORLI TEITELBAUM

1391 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

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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 OCTOBER, 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.

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**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**