

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

A19000000466

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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

FLORIDA/FOREIGN LP/LLLP

~~PARK RIDGE, LTD~~ PARK RIDGE 152, LTD.

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

Electronic Filing Menu

Corporate Filing Menu

Help





October 15, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HTG UNITED, LLC

SUBJECT: PARK RIDGE, LTD
REF: W19000091359

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6051.

Yvette Scott
Document Specialist II

FAX Aud. #: H19000304661
Letter Number: 619A00021198

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

1. PARK RIDGE 152, LTD

(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 L.L.L.P.

2. 3225 AVIATION AVE, 6TH FLOOR

(Street address of initial designated office)

COCONUT GROVE, FL 33133

3. ROBERT BALOGH

(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 ☐.

8. Name and business address of each general partner:

Name:

Business Address:

ROBERT BALOGH

1391 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

RECEIVED
ALLIANCE FLORIDA
PH 4:45

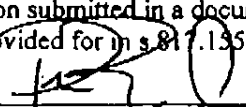
9. Effective date, if other than the date of filing: _____

(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 16TH 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. 817.135, 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