## FA rides Department of States Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

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October 16, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GABLES31 LTD 3225 AVIATION AVE 6 FL COCONUT GROVE, FL 33133

SUBJECT: GABLES31 LTD REF: H19000305381

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.

Each general partner must sign the document.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: E19000305381 Letter Number: 919A00021362

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

en de glideren (f.e.). Et		of the contract	erritte,
3225 AVIATION AVE, 6	TH FLOOR		
	(Street address of initial designated office)		
COCONUT GROVE, FL	33133	•	
1.34.1			
ORLI TEITELBAUM		•	•
	(Name of Registered Agent for Service of Process	)	<u>.</u>
1391 SAWGRASS CORF	ORATE PARKWAY		
1391 SAWGRASS CORF	ORATE PARKWAY  (Florida street address for Registered Agent)	•	
SUNRISE, FL 33323		pacity. I furt)	her agree t
th the provisions of all stat	(Florida street address for Registered Agent) inlment as registered agent and agree to act in this cap tates relative to the proper and complete performance ins of my position as registered agent.  Signature of Registered Agent		*
SUNRISE, FL 33323  I hereby accept the appoint the provisions of all states that and accept the obligation.	(Florida street address for Registered Agent) inlment as registered agent and agree to act in this cap tates relative to the proper and complete performance ins of my position as registered agent.  Signature of Registered Agent		*

Page 1 of 2

8. Name and business address of Name:	feach general partner: <u>Business Address:</u>			
ANDREW BALOGH	·	1391 SAWGRASS CORPORATE PARKWAY		
	SUNRISE, FL 33323			
ORLI TEITELBAUM	1391 SAWGRASS COR	1391 SAWGRASS CORPORATE PARKWAY		
	SUNRISE, FL 33323			
·		<del></del>		
		19.7		
		· ·		
9. Effective date, if other than the	e date of filing: nor more than 90 days after the a	lose the demonstratic fled by		
the Florida Department of State.) Note: If the date inserted in this b		statutory filing requirements,		
Signed this 9TH	day ofOCTOBER	2019		
Signature of each general partner: herein are true. I/We am/are aware Department of State constitutes a	1/We submit this document and a that any false information submithird degree felony as provided for	affirm that the facts stated itted in a document to the parin s.817.155, F.S.		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Pee and \$3 \$52.50 \$8.75	35 Registered Agent Fee)		

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