

A190000000473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

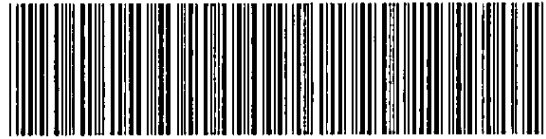
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT 18 PM 9:57
HARRIS COUNTY CLERK

19 OCT 19 PM 2:20

K. SALY
OCT 21 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/18/2019

PRIORITY Routine

OUR REF # (Order ID#) 777488

ORDER ENTITY

2020 BAY HOLDINGS, LLLP

PLEASE PERFORM THE FOLLOWING SERVICES:

2020 BAY HOLDINGS, LLLP (FL)

New LLLP filing - Please provide a certified copy as evidence.

NOTES:

\$1,052.50 Authorized

Email address for annual report reminders: AMonserrat@shutts.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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19 OCT 18 PM 9:53
HALL COUNTY, FLORIDA

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

ARTICLE I. NAME

The name of the Limited Liability Limited Partnership is 2020 Bay Holdings, LLLP.

ARTICLE II – Designated Office Address

The street and mailing address of the initial designated office of the Limited Liability Limited Partnership is:

2000 South Dixie Hwy, Suite 207
Miami, FL 33133

ARTICLE III - Registered Agent and Office

The name and street address of the initial registered agent of the Limited Liability Limited Partnership for service of process are:

Corporation Company of Miami
200 S. Biscayne Boulevard
Suite 4100 (R1S)
Miami, FL 33131

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.

CORPORATION COMPANY OF MIAMI

By: _____

Name: _____

ARTICLE IV – Election of LLLP Classification

If limited partnership elects to be a limited liability limited partnership, check box: ☒

ARTICLE V – Name and Address of General Partner

The name and business address of each general partner is:

Felix Figueira
2000 South Dixie Hwy, Suite 207
Miami, FL 33133

ARTICLE VI - EFFECTIVE DATE AND TIME

The Effective Date and Time of this Certificate of Limited Partnership shall be the date and time of filing of these Articles of Organization.

Signed this 11th day of October, 2019.



Felix Figueira

(I submit this document and affirm that the facts stated herein are true. I am 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.)