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Florida Department of State
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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
HTG FLORENCE, LTD

Certificate of Status	1
Certified Copy	0
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Y SCOTT
OCT 31 2019

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Help



October 30, 2019

HTG UNITED, LLC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: HTG FLORENCE, LTD
REF: W19000095914

TALLAHASSEE, FLORIDA
2019 OCT 30 PM 4:49

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.

NEED CONSENT LETTER FROM DOCUMENT NUMBER #L19000252377,

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. #: H19000319217
Letter Number: 619A00022382

October 30, 2019

VIA FAX

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

2019 OCT 30 PM 4:50
TALLAHASSEE, FLORIDA

RE: CONSENT LETTER FROM HTG FLORENCE, LLC for HTG FLORENCE, LTD (same principals)

REF: W19000095914

Letter Number: 619A00022382

FAX Aud. #: H19000319217

To whom it may concern:

The purpose of this letter is to serve as consent and confirmation that the principals of HTG Florence, LLC (Limited Liability Company) and HTG Florence, LTD (Limited Partnership) are the same. Please complete the filing for document **W19000095914** (for HTG Florence, LTD) so that it may be used.

Sincerely,
HTG Florence, LLC


Matthew Rieger, Manager

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

1. HTG FLORENCE, 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. MATTHEW RIEGER, P.A.

(Name of Registered Agent for Service of Process)

4. 3225 AVIATION AVE, 6TH FLOOR

(Florida street address for Registered Agent)

COCONUT GROVE, FL 33133

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:

MATTHEW A. RIEGER

3225 AVIATION AVE, 6TH FLOOR

COCONUT GROVE, FL 33133

2019 OCT 30 PM 1:50
TALAMON SEC. OF FLORIDA

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 21 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.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75