

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
LECESSE SLATE MERRIMACK HOLDINGS, LLLP**

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

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

1. LECESSE SLATE MERRIMACK HOLDINGS, LLLP
(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. 650 S. NORTHLAKE BLVD., SUITE 450, ALTAMONTE SPRINGS, FL 32701
(Street address of initial designated office)

3. LECESSE DEVELOPMENT CORP.
(Name of Registered Agent for Service of Process)

4. 650 S. NORTHLAKE BLVD., SUITE 450, ALTAMONTE SPRINGS, FL 32701
(Florida street address for Registered Agent)

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. 650 S. NORTHLAKE BLVD., SUITE 450, ALTAMONTE SPRINGS, FL 32701
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

2020 Jan 23 PM 1:33
TALLAHASSEE, FL

8. Name and business address of each general partner:

Name:

Business Address:

LECESSE SLATE MERRIMACK, LLC

650 S. NORTHLAKE BLVD., STE 450

ALTAMONTE SPRINGS, FL 32701

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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.)

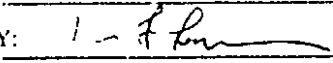
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of JANUARY, 2020

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.

LECESSE SLATE MERRIMACK, LLC

BY:



SALVADOR LECESE, SOLE MEMBER

Filing Fees:

\$2,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75