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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 Fax Number : (561)694-1639

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 MCGLADE FAMILY INVESTMENTS, LLLP

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Page Count	03
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Help

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

(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 LLLP. 2. 7022 SE Harbor Circle (Street address of initial designated office) Stuart, FL 34996 3. Corporate Creations Network Inc. (Name of Registered Agent for Service of Process)

4,801 US Highway 1

(Florida street address for Registered Agent)

MCGLADE FAMILY INVESTMENTS, LLLP

North Palm Beach, FL 33408

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.

By: Saray Djidji, Special Secretary

Signature of Registered Agent

6 Catamount Lane

(Mailing address of initial designated office)

Littleton, CO 80127

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

Page 1 of 2

Name and business address of e	ch general partner: <u>Business Address:</u>
McGlade Family Holdings, LL	7022 SE Harbor Circle
	Stuart, FL 34996
	_
<u> </u>	
	_
	_
9. Effective date, if other than the date of	ling:
(Effective date cannot be prior to no filed by the Florida Department of i	r more than 90 days after the date the document is tate.)
Signed this 29th day o	JULY ,2020
stated herein are true. I/We am/are a	We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2