A 200000000

- (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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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 395288 /5034981 AUTHORIZATION : COST LIMIT : \$ 1000.00 ORDER DATE: August 19, 2020 ORDER TIME : 9:44 AM ORDER NO. : 395288-010 CUSTOMER NO: 5034981 DOMESTIC FILING NAME: BALBOA BULLDOGS LP EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Balboa Bulldogs LP					
SUBJI	Name of Florida Limited	Partnership or Limited	d Liabilit	y Limited Part	nership	
The en	closed Certificate of Limited Partr	nership and fees ar	e submi	it ted for fili	ng.	
Please	return all correspondence concern	ing this matter to:				
Barry S.	. Logan					
	Contact Person		_			707
Watsco.	Inc		_			2020 AUG
	Firm/Company		_		٠. ج	G
2665 S I	Bayshore Drive, Suite 901				C_{\bullet}	19
	Address		-			PX
Coconut	t Grove, FL 33133				må.	3: 4.2 ::
	City, State and Zip Code		_		77	; t
blogan@	Dwatsco.com				<i>></i>	
E-r	mail address: (to be used for future annua	d report notification)		_		
For fur	ther information concerning this n	natter, please call:				
Barry S.	. Logan	305 at (714-41	102		
	Name of Contact Person		nd Daytir	ne Telephone	Numbe	r
Enclose	ed is a check for the following am	ount:				
(\$965	00.00 Filing Fees S1,008.75 Filing Fe 5 Filing Fee and Registered Agent Status	ees S1,052.50 Fili and Certified	-	S1.061.25 Certified (Certificate	Copy, ai	nd
Registr Divisio Clifton 2661 E	ET ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, FL 32301	Registr Divisio P. O. E	ration Son of Co Box 632	orporations		

CR2E030 (01/06)

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which m Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or a Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited or LLLP.	Lid.	•
2. 2665 S Bayshore Drive, Suite 901		
(Street address of initial designated office)		
Coconut Grove, FL 33133	<u> </u>	202:
3. Barry S. Logan	2 - 4 2	021 AUG
(Name of Registered Agent for Service of Process)		9
4. 2665 S Bayshore Drive Ste 901		-p(
(Florida street address for Registered Agent)	٠,٠	<u>မှာ</u>
Coconut Grove, FL 33133	<u>교</u> : 증권,	
5. I hereby accept the appointment as registered agent and agree to act in this capace comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agent. Barry S. Logan Docusinghed by		
By: Signature of Registered Agent		
6. 2665 S Bayshore Drive, Suite 901		
Signature of Registered Agent	 	

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