

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EVEREST ORLANDO 1, LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

N. Dwayne Gray, Jr., Esquire

Contact Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City, State and Zip Code

corporate@zkslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N. Dwayne Gray, Jr., Esquire	at (⁴⁰⁷	425-7010

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees
\$1,008.75 Filing Fees
\$1,052.50 Filing Fees
\$1,061.25 Filing Fees,
\$1,061.25 Filing Fee

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E030 (6/17)

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 NO. 0970 P. 2

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

EVEREST ORLANDO 1, LP

(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. 315 E. Robinson Street, Suite 600

(Street address of initial designated office)

Orlando, Florida 32801

3.____

(Name of Registered Agent for Service of Process)

4. 315 E. Robinson Street, Suite 600

(Florida street address for Registered Agent)

Orlando, Florida 32801

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.

	n. Durge Ang. g	1 SEP	
•	Signature of Registered Agent		
6. 315 E. Robinson Street, Suite 6	00	· · · · · · · · · · · · · · · · · · ·	
·····	(Mailing address of initial designated office)	[二字] 「「「」	
Orlando, Florida 32801		୍ମି ଫୁର ୁ ଅକ	

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

Page 1 of 2

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8. Name and business address of each gen- <u>Name:</u> EVEREST ORLANDO DEVELOPMENT, INC.	Business Address:				
	315 E. Robinson Street, Suite 600				
	Orlando, Florida 32801				
<u></u>					

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 31st _____ day of August ______

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.

Zafir Kashid, President of General Partner

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