

A20000000368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

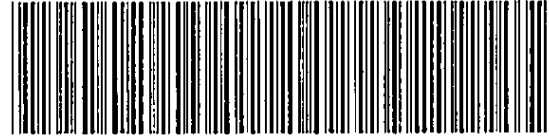
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/17/20--01001--003 **1061.25

Received
9/16/20
2020 SEP 16 PM 4:57
45
9/17/20

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. SAER TARIO, LTD.

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☒ Certified Copy of:

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

EXAMINER'S INITIALS:

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

1. SAER TARIQ, 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. 4870 DEER LAKE DR EAPT 4311
(Street address of initial designated office)
JACKSONVILLE, FL 32246

3. ALI R NOORZAD
(Name of Registered Agent for Service of Process)

4. 4870 DEER LAKE DR EAPT 4311
(Florida street address for Registered Agent)

JACKSONVILLE, FL 32246

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.

ALI R NOORZAD

Signature of Registered Agent

6. 4870 DEER LAKE DR EAPT 4311
(Mailing address of initial designated office)

JACKSONVILLE, FL 32246

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:

ALI R NOORZAD

4870 DEER LAKE DR EAPT 4311

JACKSONVILLE, FL 32246

KHAN M NOORZAD

24956 BANNOCKBURN TER

CHANTILLY, VA. 20152

SEP 16 PM 1:57

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 16TH day of SEPTEMBER, 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.

ALI R NOORZADKHAN M NOORZAD**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**