

10/28/2020

Division of Corporations

A2000000517

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383undefined(305)860-8188undefined(305)639-8427

From:

Account Name : HTG UNITED, LLC

Account Number : 120190000094

Phone : (305)860-8188

Fax Number : (305)639-8427

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: glendab@htgf.com

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SECRETARY OF STATE

FLORIDA/FOREIGN LP/LLLP

HTG Sunset, Ltd

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,008.75 |

TO SECRETARY OF STATE

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Corporate Filing Menu

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10/28/2020

M. SOLOMON

October 30, 2020

VIA EMAIL

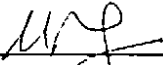
Department of State Division of Corporations Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314
Attention: Mel Solomon
Senior Section Administrator
Registration Section

RE: HTG Sunset, LTD and HTG Sunset, LLC same principals
Document Number: W20000125674
Entity Name: HTG SUNSET, LTD

Dear Ms. Mel Solomon,

The purpose of this letter is to serve as confirmation that **the principals of HTG Sunset, LTD (Limited Partnership) and HTG Sunset, LLC (Limited Liability Company) are the same.** Please complete the filing for document W20000125674 (for HTG Sunset, LTD) so that it may be used.

Sincerely,
HTG Sunset, LLC



Matthew Rieger, Manager

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DEPT. OF STATE
TALLAHASSEE, FL 32314

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

1. HTG Sunset, 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. 3225 Aviation Avenue, 6th Floor, Coconut Grove, FL 33133

(Street address of initial designated office)

3. Matthew Rieger, P.A.

(Name of Registered Agent for Service of Process)

4. 3225 Aviation Avenue, 6th Floor, Coconut Grove, FL 33133

(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. 3225 Aviation Avenue, 6th Floor, Coconut Grove, FL 33133

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

HTG Sunset, LLC

Business Address:

3225 Aviation Avenue, 6th Floor

Coconut Grove, FL 33133

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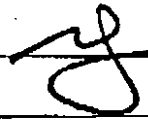
9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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Signed this 27 day of October, 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.



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75