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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 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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## FLORIDA/FOREIGN LP/LLLP HTG Oakwood, LTD

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Help

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

HTG Oakwood, LTD  ame of Limited Partnership or Limited Liability Limited Partnership, which must include sufficiently the sufficient of t	fix) Acceptable Limited
rtnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liabil ffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	ity Limitea Farinersnip
ices. Limited Elability Director 2 and only, 2 and only	
3225 Aviation Avenue, 6th Floor	
(Street address of initial designated office)	
Coconut Grove, FL 33133	
Matthew Rieger, P.A.	
(Name of Registered Agent for Service of Process)	
3225 Aviation Avenue, 6th Floor	
(Florida street address for Registered Agent)	
Coconut Grove, FL 33133  I hereby accept the appointment as registered agent and agree to act in this capa ith the provisions of all statutes relative to the proper and complete performance of	city. I further agree t
. I hereby accept the appointment as registered agent and agree to act in this capa ith the provisions of all statutes relative to the proper and complete performance of ith and accept the obligations of my position as registered agent.	city. I further agree if my duties, and I am
. I hereby accept the appointment as registered agent and agree to act in this capa ith the provisions of all statutes relative to the proper and complete performance of ith and accept the obligations of my position as registered agent.  Signature of Registered Agent	city. I further agree if my duties, and I am
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I hereby accept the appointment as registered agent and agree to act in this capa ith the provisions of all statutes relative to the proper and complete performance of ith and accept the obligations of my position as registered agent.  Signature of Registered Agent  3225 Aviation Avenue, 6th Floor  (Mailing address of initial designated office)  Coconut Grove, FL 33133  If limited partnership elects to be a limited liability limited partners	hip, check box

<u>Name:</u>	Business Address:	
HTG Oakwood, LLC	3225 Aviation Avenue,	6th Floor
	Coconut Grove, FL 331	33
	_	
9. Effective date, if other than the d (Effective date cannot be prior to not the Florida Department of State.)  Note: If the date inserted in this bloth this date will not be listed as the doc	or more than 90 days after the	ble statutory filing requiremen
Signed this	November day of	2020
Signature of each general partner: In herein are true. I/We am/are aware to Department of State constitutes a the state of	We submit this document an	bmitted in a document to the
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee as \$52.50	nd \$35 Registered Agent Fee)

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