Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	
	~ ~~	

FLORIDA/FOREIGN LP/LLLP

LeNeave Investments, LLLP

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

Electronic Filing Menu

Corporate Filing Menu

Help



4

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

ffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
43.6	1
43 Country Road South	· · · · · · · · · · · · · · · · · · ·
(Street address of initial designated office)	•
Village of Golf, FL 33436	,
	```
Jennifer E. Zakin	
Jennifer E. Zakin  (Name of Registered Agent for Service of Process)  Mizner Park Office Tower, 225 N.E. Mizner Boulevard, Suite 440	
Mizner Park Office Tower, 225 N.E. Mizner Boulevard, Suite 440	
(Florida street address for Registered Agent)	
Boca Raton, FL 33432	
· · · · · · · · · · · · · · · · · · ·	
ith the provisions of all statutes relative to the proper and complete performance of my	
. I hereby accept the appointment as registered agent and agree to act in this capacity ith the provisions of all statutes relative to the proper and complete performance of my ith and accept the obligations of my position as registered agent.  Saray Djidji, Attorney in Fa	duties, and Lam
ith the provisions of all statutes relative to the proper and complete performance of my	duties, and Lam
ith the provisions of all statutes relative to the proper and complete performance of my ith and accept the obligations of my position as registered agent.  Saray Djidji, Attorney in Fa Signature of Registered Agent	duties, and Lam
ith the provisions of all statutes relative to the proper and complete performance of my ith and accept the obligations of my position as registered agent.  Saray Djidji, Attorney in Fa	duties, and Lam

Page 1 of 2

8. Name and business address of ex Name:	Business Address:	
LcNeave Investments, LLC	43 Country Road South	
	Village of Golf, FL 33436	
	<del></del>	
	-	9
	<del></del>	
		,
9. Effective date, if other than the of (Effective date cannot be prior to ne the Florida Department of State.)  Note: If the date inserted in this blothis date will not be listed as the do	or more than 90 days after the o	statutory filing requirements.
Signed this	day of	, 2020
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	that any false information subm	itted in a document to the
LeNeave Investments, LLC - Manager By: Saray Djidji, Special Manager		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$ \$52.50 \$8.75	35 Registered Agent Fee)

Page 2 of 2

November 13th, 2020

To Whom It May Concern:

Re: LeNeave Investments, LLLP

I have no objections and consent to the registration of the above name. I am authorized to give this consent on behalf of LeNeave Investments, LLC.

LeNeave Investments, LLC

By: _____

Name: Saray Djidji, Attorney in Fact