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To:

Division of Corporations
Fax Number : (850)617-6383

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

RECEIVED

2020 NOV 16 PM 3:05

FLORIDA/FOREIGN LP/LLLP
HTG Princeton Grove, Ltd.

Certificate of Status	1
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20 NOV 16 PM 9:23

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. HTG Princeton Grove, 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.P. or LLLP.

2. 3225 Aviation Ave, 6th Floor

(Street address of initial designated office)

Coconut Grove, FL 33133

3. Matthew Rieger, P.A.

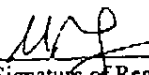
(Name of Registered Agent for Service of Process)

4. 3225 Aviation Ave, 6th Floor

(Florida street address for Registered Agent)

Coconut Grove, FL 33133

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 Ave, 6th Floor

(Mailing address of initial designated office)

Coconut Grove, FL 33133

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:

HTG Princeton Grove, LLC

3225 Aviation Ave, 6th Floor

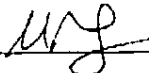
Coconut Grove, FL 33133

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 _____ day of _____.

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