

12/8/2020

Division of Corporations

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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

Email Address: tseemann@barnettbolt.com

FLORIDA/FOREIGN LP/LLLP GCPRE Investments, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

RECEIVED

2020 DEC -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 DEC -8 AM 10:36

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Corporate Filing Menu

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DEC - 8 2020

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

1. GCPRE Investments, 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 L.L.L.P.

2. 550 N. Reo Street, Suite 100

(Street address of initial designated office)

Tampa, FL 33609

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd., Suite 700

(Florida street address for Registered Agent)

Tampa, FL 33602

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. 550 N. Reo Street, Suite 100

(Mailing address of initial designated office)

Tampa, FL 33609

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

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TAMPA, FL 33602
S.E. HARRIS, CLERK

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8. Name and business address of each general partner:

Name:Business Address:Gari Enterprises Investments, LLC550 N. Reo Street, Suite 100Tampa, FL 33609

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.)

Signed this 30 day of November, 2020

Signature of each general partner:

GARI ENTERPRISES INVESTMENTS, LLC

By: _____

Rodolfo Gari, Jr., Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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