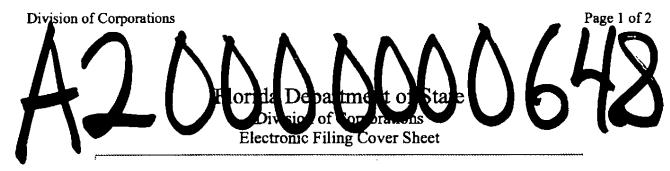
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722 Phone : (888) 491-1120 Fax Number : (954)333-4242

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

Email	Address:	Bgreenberg/960@gmall.com	
	_		

FLORIDA/FOREIGN LP/LLLP Bruce I. Greenberg Family Ltd.

Certificate of Status	1
Certified Copy	1
age Count 03	
Estimated Charge	\$1,061.25

CR2E030 (6/17)

(((H20000433282 3)))

COVER LETTER

4 9 9 9 9

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Bruce I, Greenberg Family Ltd.					
0020	Name of Florida Limited Partnership or Limited Liability Limited Partnership					
The e	nclosed Certificate of Limited Partners	hip and fees are submitted for filing				
Please	e return all correspondence concerning	this matter to:				
Deb N	ihiscr					
	Contact Person					
Green	spoon Marder LLP					
	Firm/Company					
1144	15th Street, Suite 2700					
	Address					
Denve	er, Colorado 80202					
	City, State and Zip Code					
	Bgreenberg/960@gmail.com					
1	-nuil address: (to be used for future annual re	enori notalication)				
For fi	urther information concerning this mat	ter, please call:				
Deb 1	lihiser	_at ()_625-2781				
	Name of Contact Person	Area Code and Daytime Telephone Number				
Encl	osed is a check for the following amou	m.				
(\$ \$3	,000,00 Filing Fees \$1,008,75 Filing Fees 965 Filing Fee and and Certificate of 5 Registered Agent Status ce)	\$1,052.50 Filing Foes and Certified Copy Certificate of Status				
Regi Divi Clift 2661	EET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

(((H20000433282 3)))

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

Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable I imited	
Parmership suffixes: Limited Parmership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Parmership suffixes: Limited Liability Limited Parmership, L.L.L.P. or LLLP.	
MICAGO. LAMINGGO PARAMANAN CARAMANAN PARAMANAN	
a una reset. Messalet una	
2, 2487 Engle Watch Lane (Street address of initial designated office)	
(Street and as a small as Sames and	
Weston, Florida 33327	
3. Bruce 1. Greenberg	
(Name of Registered Agent for Service of Process)	
4 2487 Eagle Watch Lane (Florida street address for Registered Agent)	
Weston, Florida 33327	=
5. Thereby 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 fa with and accept the obligations of my position as registered agent.	тинаг
with and decept the congulation of my position and agreed on agreem	
/Signature of Registored Agent	
College of the Proposition of the party of t	
6, 2487 Eagle Watch Lane	_
(Mailing address of initial designated office)	
Weston, Florida 33327	••

Page 1 of 2

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 Name and business address of each ge Name: 	general partner: Business Address:		
Bruce I. Greenberg Rev Trust did 8/8/07	2487 Eagle Watch Lanc		
	Weston, Florida 33327		
	<u></u>		
o entre of the first and another the date of	C Glimar		
 Effective date, if other than the date of Effective date cannot be prior to nor mathe Florida Department of State.) Note: If the date inserted in this block date will not be listed as the document. 	ore than 90 days after the da oes not meet the applicable s	statutory filing requirements,	
Signed this 16 da	ay of	2020	
Signature of each general partner: I/We herein are true. I/We am/are aware that Department of State constitutes a third oxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	any false information submit	tted in a document to the	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Bruce I. Greenberg, Trusted	of the Brice I. Greenberg	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ust 8, 2007, the General Partner	
Certified Copy (optional): \$5	1,000,00 (\$965 Filing Fee and \$3 52,50	5 Registered Agent Fcc)	

Page 2 of 2