

2/4/2021

Division of Corporations

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Division of Corporations
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2/4/2021

(((H21000048515 3)))



H210000485153ABC-

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
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ALACHUA COUNTY, FLORIDA

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

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FLORIDA/FOREIGN LP/LLLP
Archer Place EB5 Preferred Equity, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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February 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: ARCHER PLACE EB5 PREFERRED EQUITY, LLLP
REF: W21000012731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please list the mailing address in line 6 and if the company wishes to be listed as an "LLLP" you must check the box in line 7.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H21000048515
Regulatory Specialist II Supervisor Letter Number: 721A00002595
Registration Section

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Archer Place EB5 Preferred Equity, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Nicole Jeong

Contact Person

Greenberg Traurig, LLP

Firm/Company

2375 East Camelback Rd., Suite 700

Address

Phoenix, AZ 85016

City, State and Zip Code

Jeongn@gtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Jeong

Name of Contact Person

at (602) 445.8312

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED

2021 FEB -4 PM 5:40

CLERK OF COURT
TALLAHASSEE, FLORIDA

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

1. Archer Place EB5 Preferred Equity, LLLP

(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 LLLP.

2. 915 Middle River Drive, Suite 517, Fort Lauderdale, FL 33304

(Street address of initial designated office)

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: 

Signature of Registered Agent

6. 915 Middle River Drive, Suite 517, Fort Lauderdale, FL 33304

(Mailing address of initial designated office)

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

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2021 FEB -4 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:Business Address:Become American Investor, LLC915 Middle River Drive,
Suite 517Fort Lauderdale, FL 33304

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 2nd day of February, 2021.

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.

Arturo Venti, Manager of the GP

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75