

PLEASE FILE TOGETHER WITH  
PO ME ROS, LLC & CH MELOS, LLC

A210000073

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H21000067725 3)))



H210000677253AFC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-9166  
Fax Number : (305) 347-7766

2021 FEB 18 01:43:35

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

Email Address: GCohen@shutts.com

**FLORIDA/FOREIGN LP/LLLP  
Melrose Park Estates, LLLP**

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

21 FEB 18 PM 4:30

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(((H21000067725 3)))

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

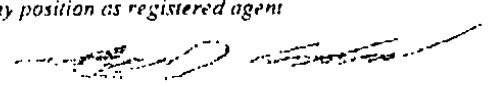
1. Melrose Park Estates, L.L.P.  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or L.L.P.

2. 9400 South Dadeland Blvd. Suite 100  
(Street address of initial designated office)  
Miami, Florida 33156

3. CORPORATION COMPANY OF MIAMI  
(Name of Registered Agent for Service of Process)

4. 200 S. Biscayne Blvd., Suite 4100 (GJC)  
(Florida street address for Registered Agent)  
Miami, Florida 33131

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 Gary J. Cohen Vice President

6. 9400 South Dadeland Blvd. Suite 100  
(Mailing address of initial designated office)  
Miami, Florida 33156

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

(((H21000067725 3)))

## 8. Name and business address of each general partner:

Name:Business Address:

PC Melrose, LLC

9400 South Dadeland Blvd. Suite 100

Miami, Florida 33156

CH Melrose, LLC

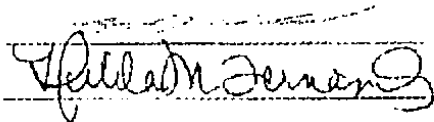
1603 NW 7th Avenue

Miami, Florida 33136

## 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 18th 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.

**Filing Fees:**

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

**Certified Copy (optional):**

\$52.50

**Certificate of Status (optional):**

\$8.75

Page 2 of 2

(((H21000067725 3)))