

A21000000189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

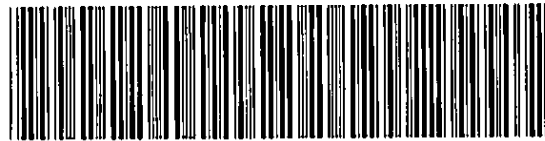
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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RECEIVED  
2021 APR 26 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 APR 26 AM 11:39

APR 27 2021  
Brumbley

APPROVED  
AND  
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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/26 Glinda

☐ **CERTIFIED COPY** \_\_\_\_\_  
**XX** **PHOTOCOPY** \_\_\_\_\_  
**XX** **CUS** GS \_\_\_\_\_  
**XX** **FILING** LP \_\_\_\_\_

1. Urban Growth - 6743 nw 2nd ct LP  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

*File 2<sup>nd</sup>*

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**Urban Growth - 6743 nw 2nd ct LP**

**SUBJECT:** \_\_\_\_\_  
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:

**Thomas Bayles**

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

**382 NE 191st PMB 78674**

\_\_\_\_\_  
Address

**Miami Florida 33179-3899 US**

\_\_\_\_\_  
City, State and Zip Code

**Thomas@urbangrowthproperties.com**

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

For further information concerning this matter, please call:

**Thomas Bayles**

at ( **626** ) **636-5061**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees  
( \$965 Filing Fee and  
\$35 Registered Agent  
Fee )
- ☒ \$1,008.75 Filing Fees  
and Certificate of  
Status
- ☐ \$1,052.50 Filing Fees  
and Certified Copy
- ☐ \$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

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

Urban Growth - 6743 nw 2nd ct LP

1. \_\_\_\_\_  
(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. 382 NE 191st St PMB 78674  
(Street address of initial designated office)

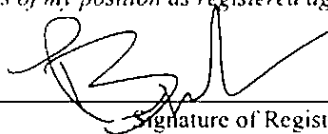
Miami Florida 33179-3899

3. Thomas Bayles  
(Name of Registered Agent for Service of Process)

4. 382 NE 191st St PMB 78674  
(Florida street address for Registered Agent)

Miami Florida 33179-3899

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. 382 NE 191st St PMB 78674  
(Mailing address of initial designated office)

Miami Florida 33179-3899

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

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

Name:

Business Address:

Urban Growth International LLC

382 NE 191st St PMB 78674

Miami Florida 33179-3899

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 21 day of April, 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**