

A21000000298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

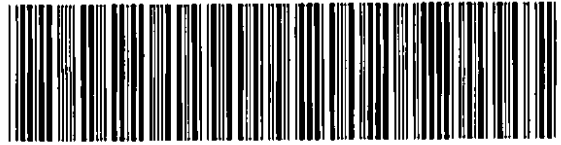
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 06/11/22 BY 3445

2021 JUN 22 PM 3:45

2021 JUN 22 AM 11:10

2021 JUN 22

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 874611 7446854

AUTHORIZATION :

COST LIMIT : \$ 1000.00/



ORDER DATE : June 22, 2021

ORDER TIME : 2:16 PM

ORDER NO. : 874611-015

CUSTOMER NO: 7446854

DOMESTIC FILING

NAME: CJOZ, LLLP

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CJOZ, 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:

Kenneth Florio  
Contact Person  
Goodkind & Florio, P.A.  
Firm/Company  
12861 SW 68th Avenue  
Address  
Pinecrest, FL 33156  
City, State and Zip Code  
michelle@stoneworksinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Florio at ( 786 ) 713-5017  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (S965 Filing Fee and S35 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**

1. CJOZ, 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. 6840 SW 81 Terrace  
(Street address of initial designated office)  
Miami, Florida 33143

3. United States Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)

4. 9300 S. Dadeland Blvd., Suite 600  
(Florida street address for Registered Agent)  
Miami, FL 33156

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.

John Hoffman  
Signature of Registered Agent

6. 6840 SW 81 Terrace  
(Mailing address of initial designated office)  
Miami, Florida 33143

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

2022 JUL 22 AM 11:10

8. Name and business address of each general partner:

Name:

Business Address:

CJOZ GP LLC

6840 SW 81 Terrace

Miami, FL 33143


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 16th day of June, 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**