

6/17/2021

Division of Corporations

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

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Account Number : FCA000000023
Phone : (614)280-3338
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FLORIDA/FOREIGN LP/LLLP

Super Villa L.P

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Corporate Filing Menu

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

1. Super Villa LP

(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. 3100 N 29th Court Unit 140

(Street address of initial designated office)

Hollywood FL 33020

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

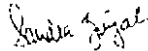
(Florida street address for Registered Agent)

Plantation, Florida 33324

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.

C T Corporation System

By:



Sandy Zwijack - Assistant Secretary

Signature of Registered Agent

6. 3100 N 29th Court Unit 140

(Mailing address of initial designated office)

Hollywood FL 33020

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

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8. Name and business address of each general partner:

Name:Business Address:

Yariv Ovadia

3100 N 29th Court Unit 140 Hollywood FL 33020

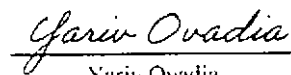
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 17th 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.



Yariv Ovadia

Filing Fees:**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**