A21000000332

7/12/2021 Division of Corporations

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.

(((H21000267926 3)))

H21000267926 3ABC2

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 : ANTONIO ALONSO, PLLC.
Account Number : I20160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

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

Email Address: alonsoa@aapalaw.com

FILED
2021 JUL 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

BK 24 Holdings II, LLLP.

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

2021 JUL 12 PM 4:50

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
JUL 13 2021

H21000267926 3

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

FILED
2021 JUL 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **BK 24 Holdings II, 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. 2400 SW 69 AVENUE, MIAMI, FL 33155

(Street address of initial designated office)

3. ROCKCHAR MANAGEMENT SERVICES, LLC

(Name of Registered Agent for Service of Process)

4. 999 Ponce de Leon Blvd., Suite 650, Coral Gables FL, 33134

(Florida street address for Registered Agent)

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.*

Hiram D. Ocariz

Hiram D. Ocariz (Jul 12, 2021 15:34 EDT)

Signature of Registered Agent

6. 2400 SW 69 AVENUE, MIAMI, FL 33155

(Mailing address of initial designated office)

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

H21000267926 3

8. Name and business address of each general partner:

Name:	Business Address:
BK 24 MANAGEMENT II, LLC	2400 SW 69 AVENUE, MIAMI, FL 33155

FILED
2021 JUL 12 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Effective date: Date of Filing

Signed this 12 day of July 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.

BK 24 MANAGEMENT II, LLC, a Florida limited liability company

Keila Hoover, M.D. (Jul 12, 2021 07:47 HST)

By:Keila Hoover, its Manager