

A210000000364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

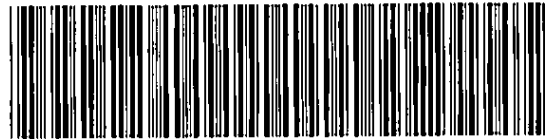
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 22 PM 12:18
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STATE, FLORIDA

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2021 JUL 22 AM 8:25

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

ACCOUNT NO. : I20000000195

REFERENCE : 921606 4305390

AUTHORIZATION :



COST LIMIT : \$ 1,000.00

ORDER DATE : July 21, 2021

ORDER TIME : 5:27 PM

ORDER NO. : 921606-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: PAUL H. ABRAMS AND MARCIA
ABRAMS FAMILY LIMITED
PARTNERSHIP II, L.P.

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: _____

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

1. PAUL H. ABRAMS AND MARCIA ABRAMS FAMILY LIMITED PARTNERSHIP II, 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 LLP.

2. 19 Sutton Drive

(Street address of initial designated office)

Boynton Beach, FL 33436

3. Paul H. Abrams

(Name of Registered Agent for Service of Process)

4. 19 Sutton Drive

(Florida street address for Registered Agent)

Boynton Beach, FL 33436

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.

Paul H. Abrams



Signature of Registered Agent

6. 19 Sutton Drive

(Mailing address of initial designated office)

Boynton Beach, FL 33436

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

2021 JUN 22 14:25

8. Name and business address of each general partner:

Name:

Business Address:

Paul H. Abrams

19 Sutton Drive

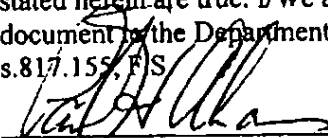
Boynton Beach, FL 33436

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.)

Signed this 20th 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.



Paul H. Abrams, General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75