

A210000000365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

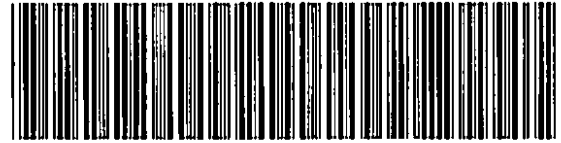
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369765497

07/14/21--01015--033 **1070.00

2021 JUL 14 PM 12:52

FILED

JUL 20 2021

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nichoir Capital LP

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:

Rizwan Ali

Contact Person

Nichoir Property Management LLC

Firm/Company

PO Box 430438

Address

South Miami, FL 33243

City, State and Zip Code

rali@nichoirproperties.com

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

For further information concerning this matter, please call:

Rizwan Ali

at (917) 744-0530

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

CR2E030 (6/17)

Nichoir Capital LP

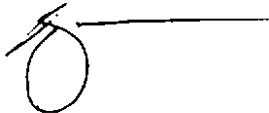
July 7, 2021

Registration Section
Division of Corporations
Florida Department of State
Tallahassee, FL 32303

Dear Sirs/Madam:

Kindly cancel the foreign limited partnership, Nichoir Capital LP's Florida registration. Upon cancellation of foreign entity, please form a Florida limited partnership, Nichoir Capital LP. Enclosed please find the necessary forms and a check for \$1,070 to cover the fees of the above mentioned cancellation and formation.

Regards

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line and a circular flourish.

Rizwan Ali
Managing Partner
917-744-0530
rali@nichoirproperties.com

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

1. Nichoir Capital 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. 9190 SW 57th Avenue, Pinecrest, FL 33156

(Street address of initial designated office)

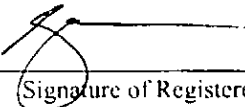
3. Rizwan Ali

(Name of Registered Agent for Service of Process)

4. 9190 SW 57th Avenue, Pinecrest, FL 33156

(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.*


(Signature of Registered Agent)

6. PO Box 430438, South Miami, FL 33243

(Mailing address of initial designated office)

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

2021 JUL 14 PM 12:52
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/2021 BY 60322 UCBAW

8. Name and business address of each general partner:

Name:

Business Address:

Rizwan Ali

9190 SW 57th Avenue, Pinecrest, FL 33156

Daneez Khan

9190 SW 57th Avenue, Pinecrest, FL 33156

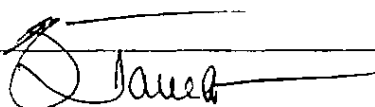
9. Effective date, if other than the date of filing: _____

(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 7 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75