

8/11/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP**  
**ITAY TOPAZ L.P**

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Estimated Charge	\$1,000.00

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Corporate Filing Menu

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TK  
8/12/21

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

1. ITAY TOPAZ 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 LLLP.

2. 5415 Missouri Ave

(Street address of initial designated office)

Jacksonville, Florida 32254

3. URBAN PROPERTY MANAGEMENT LLC

(Name of Registered Agent for Service of Process)

4. 5415 Missouri Ave

(Florida street address for Registered Agent)

Jacksonville, Florida 32254

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.



Eliran Simoni

Signature of Registered Agent

6. 5415 Missouri Ave

(Mailing address of initial designated office)

Jacksonville, Florida 32254

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

FILED  
21 AUG 11 PM 12:04  
TALLAHASSEE, FLA  
CLERK OF COURT  
JULIE E. FLORES

## 8. Name and business address of each general partner:

Name:Business Address:

SIMONI 2YIE LLC

5415 Missouri Ave

Jacksonville, FL 32254

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 08 day of Aug, 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.

Eliran Simoni - General Partner



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