

A210000000425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

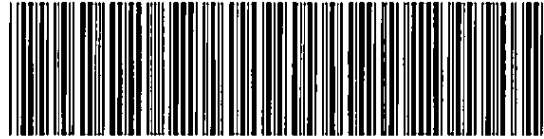
(Document Number)

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2021 AUG 10 AM 11:55

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RECEIVED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 8/10/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 940563

ORDER ENTITY
FCM 3702 WASHINGTON LP

PLEASE PERFORM THE FOLLOWING SERVICES:

FCM 3702 WASHINGTON LP (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$1,052.50 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. FCM 3702 Washington 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. 4045 Sheridan Avenue, Suite 221, Miami Beach, Florida 33140
(Street address of initial designated office)

3. Incorporating Services, Ltd.
(Name of Registered Agent for Service of Process)

4. 1540 Glenway Drive, Tallahassee, Florida 32301
(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. 4045 Sheridan Avenue, Suite 221, Miami Beach, Florida 33140
(Mailing address of initial designated office)

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

2021 AUG 10 AM 11:55

8. Name and business address of each general partner:

Name:

Business Address:

Forte Capital Management, LLC

One Commerce Plaza

99 Washington Avenue, Suite 1008

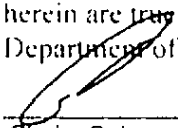
Albany, New York 12260

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 6th day of August, 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.


Chaim Cahane, Manager of Forte Capital Management, LLC

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75