

A210000000510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

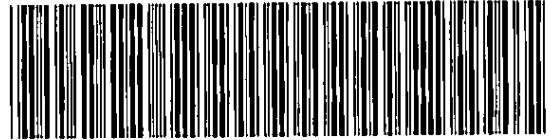
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21-125550

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2021 SEP 15 AM 8:29

RECEIVED  
2021 SEP 15 AM 11:58  
TALLAHASSEE, FL

SEP 22 2021

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/15/2021

**\*\*WALK IN\*\***

ENTITY NAME Delport Limited Partnership

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1000.00

ACCOUNT #: I20160000072

*S. R. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

1. Delpport Limited Partnership

(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. 9640 Moritz Way

(Street address of initial designated office)

Delray Beach, FL 33446

3. Associated Corporate Services, LLC

(Name of Registered Agent for Service of Process)

4. 6111 Broken Sound Parkway, NW, Suite 200

(Florida street address for Registered Agent)

Boca Raton, FL 33487

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.*



Saray Djidji, Special Secretary

Signature of Registered Agent

6. 9640 Moritz Way

(Mailing address of initial designated office)

Delray Beach, FL 33446

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

2021 SEP 15 AM 8:29

8. Name and business address of each general partner:

Name:

Business Address:

Delpport Developers GP, Inc.

9640 Moritz Way

Delray Beach, FL 33446

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 14th day of September, 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.



Delpport Developers GP, Inc. - General Partner  
By: Saray Djidji, Special Secretary

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