

9/22/21, 4:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A21000000512

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003561293)))



H210003561293ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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**Cooper Street LP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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

1. Cooper Street 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. 16330 Gulf Boulevard, Unit 106

(Street address of initial designated office)

Redington Beach, FL 33208

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.*

C T Corporation System

By:

Stephanie Hencz

Signature of Registered Agent

**Stephanie Hencz
Assistant Secretary**

6. 16330 Gulf Boulevard, Unit 106

(Mailing address of initial designated office)

Redington Beach, FL 33208

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

REC'D, 22 SEP 17

8. Name and business address of each general partner:

Name:Business Address:

Cooper Street Management Inc.

16330 Gulf Boulevard, Unit 106

Redington Beach, FL 33208

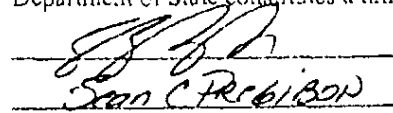
9. Effective date, if other than the date of filing: _____

(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 22nd 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.


Sean C. Robinson

COOPER STREET MANAGEMENT, INC.

BY: _____
PRESIDENT

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

Page 2 of 2