

A21000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

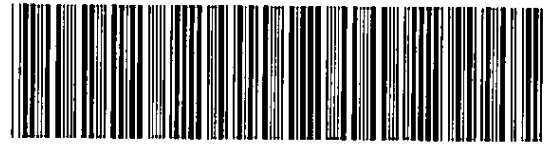
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 27 PM 12:27
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COVER LETTER

9/24/21

TO: Registration Section
Division of Corporations

SUBJECT: Pashdor USA Impact Investments, L.L.L.P.
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:

Frank T. Pilotte

Contact Person

Murphy Reid, LLP

Firm/Company

11300 U.S. Highway One, Suite 401

Address

Palm Beach Gardens, FL 33408

City, State and Zip Code

mmakhoul@murphyreid.com

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

For further information concerning this matter, please call:

Frank T. Pilotte

at (561) 355-8800

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)

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

1. Pashdor USA Impact Investments, L.L.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.L.P. or LLLP.

2. 11300 U.S. Highway One, Suite 401

(Street address of initial designated office)

Palm Beach Gardens, FL 33408

3. Frank T. Pilotte

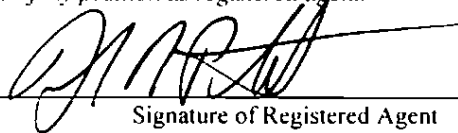
(Name of Registered Agent for Service of Process)

4. 11300 U.S. Highway One, Suite 401

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33408

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. 11300 U.S. Highway One, Suite 401

(Mailing address of initial designated office)

Palm Beach Gardens, FL 33408

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

8. Name and business address of each general partner:

Name:

Business Address:

Pashdor USA Impact Investments, LLC

11300 U.S. Highway One, Suite 401

Palm Beach Gardens, FL 33408

2021 SEP 27 PM 12:27

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.)

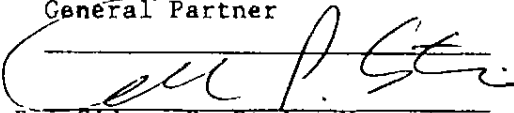
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd 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.

Pashdor USA Impact Investments, LLC

General Partner



By: Gideon P. Stein, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75