

A21000000545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

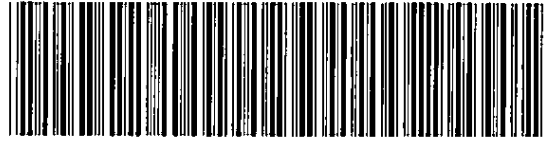
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/27/21--01002--028 **1061.25

2021 OCT -4 PM 10:14

ALLAHASSEE, FL

2021 SEP 27 PM 3:06

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COLORADO FRYD LTD

Signature _____

Requested by: SETH

10/21

Name

Date

Time

Walk-In

Will Pick Up

174 Ponder's Printing • Thomasville, GA 31792

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORADO FRYD LTD.

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:

Elizabeth Alvarez

Contact Person

Beloff Law, P.A.

Firm/Company

1691 Michigan Ave., Suite 250

Address

Miami Beach, FL 33139

City, State and Zip Code

elizabeth@belofflaw.com

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

For further information concerning this matter, please call:

Elizabeth Alvarez

at (305) 673-1101

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

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

1. COLORADO FRYD LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix: Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ldt, Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P., or LLLP)

2. 523 Michigan Ave.

(Street address of initial designated office)

Miami Beach, FL 33139

3. Jonathan Fryd

(Name of Registered Agent for Service of Process)

4. 523 Michigan Ave.

(Florida street address for Registered Agent)

Miami Beach, Fla. 33139

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. 523 Michigan Ave

(Mailing address of initial designated office)

Miami Beach, Fla. 33139

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

2021 OCT -4 AM 10

8. Name and business address of each general partner:

Name:

Business Address:

Karen Ester Braun Fryd

523 Michigan Ave.

Miami Beach, Fla. 33139

Jonathan Fryd

523 Michigan Ave.

Miami Beach, Fla. 33139

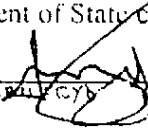
9. Effective date, if other than the date of filing: _____

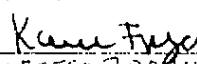
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 24th 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.


J. NATIHOAL FRYD


KAREN ESTER BRAUN FRYD

Filing Fees:

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

Certified Copy (optional):

\$52.50