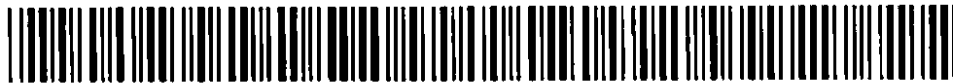


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000389458 3)))



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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-3500
Fax Number : (800) 432-3622

2021 OCT 19 PM 2:24

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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FLORIDA/FOREIGN LP/LLLP GT HOMES WELLNESS WAY, LP

FILE 2ND AFTER
H21000389453

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

FILE 2ND AFTER
H21000389453

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

1. GT Homes Wellness Way, LP

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

2. 5600 N. Federal Highway

(Street address of initial designated office)

Fort Lauderdale, FL 33308

3. Capitol Corporate Services, Inc.

(Name of Registered Agent for Service of Process)

4. 515 E. Park Ave., 2nd Floor

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Signature of Registered Agent

6. 5600 N. Federal Highway

(Mailing address of initial designated office)

Fort Lauderdale, FL 33308

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

SEP 20 10 19 AM '21
TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

GT Homes Wellness Way, Inc.

5600 N. Federal Highway

Fort Lauderdale, FL 33308

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 18th day of October, 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.

By:  _____
 By: NICHOLAS FIDEI, as President of General Partner

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