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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 119990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

Corporate@zkslawfirm.com Email Address:\_

## FLORIDA/FOREIGN LP/LLLP EP Orlando Hospitality I LP

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## **COVER LETTER**

TO:	Registration Sect Division of Corp					
SHRI	FCT. EPORLAND	O HOSPITALITY I LP				
رجان	Nan	ne of Florida Limited Pa	rtnershi	p or Limited	d Liability L	imited Partnership
		of Limited Partners'			submitted	for filing.
N. Dw	ayne Gray, Jr., Esquir	e				
		Contact Person				
Zimm	erman, Kiser & Sutcht	fe, P.A.				
	F	irm/Company				
315 E.	Robinson Street, Suit	e 600		_		
		Address				
Orland	lo, Florida 32801					
	City,	State and Zip Code				
	atc@zkslawfirm.com					
E	-mail address. (to be t	used for future annual re	port not	ification)		
For fu	inher information	concerning this matt	er, ple	ase call:		
Jessic	a Snyder, Corporate P	aralegal	_at (	7	)	
	Name of Contact P	erson	Aı	ea Code and	d Daytime T	Telephone Number
Enclo	osed is a check for	the following amour	it:			
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	on Building Executive Center	Circle			ssee, Fl.	32314
	hassee, FL 32301	C 1. 0.0				
CR2E	030 (6/17)					

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

Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability uffixes: Limited Liability Limited Partnership, L.L.L.P, or LILP.	: Limited Partnership
315 E. Robinson Street, Suite 600	
(Street address of initial designated office)	·
Orlando, Florida 32801	
N. Dwayne Gray, Jr., Esquire	
(Name of Registered Agent for Service of Process)	
315 E. Robinson Street, Suite 600	:- N
(Florida street address for Registered Agent)	-
Orlando, Florida 32801	6
5. I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of now the and accept the obligations of my position as registered agent.  [1] [1] [2] [3] [4] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6	ty. I further agree to co ny duties, and I am fami 25
Signature of Registered Agent	
SStreet, Suite 600	
) <del></del>	
(Mailing address of initial designated office)	

Page 1 of 2

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<ol><li>Name and business address of ea Name:</li></ol>		siness Address:	
Everest Place Hospitality GP LLLC	31:	E. Robinson Street, Su	ite 600
	Or —	lando, Florida 3280 i	
		***************************************	
	••••		
	_		
9. Effective date, if other than the of (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the document.	or more than ock does not	a 90 days after the a meet the applicable	late the document is filed by statutory filing requirement
Signed this 22nd	day of	October	2021
Signature of each general partner: Le herein are true. I/We am/are aware a Department of State constitutes a the Everest Orlando Hospitality GP I LLC	that any fals	e information subm	itted in a document to the
By: Zafir Rushid Its: Manager			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	(\$965 Filing Fee and \$	35 Registered Agent Fee)

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