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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

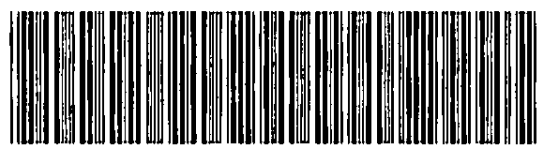
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BENAVIDES PARTNERSHIP ESTATES, LLLP.**

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:

HAYDEE BARON-RAMIREZ, GENERAL PARTNER

Contact Person

Firm/Company

6627 63RD TERRACE E.

Address

BRADENTON, FL 34203

City, State and Zip Code

haydee@mattresshome.com

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

For further information concerning this matter, please call:

HAYDEE BARON-RAMIREZ

Name of Contact Person

at (**941**) **586-7397**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and S35 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

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

1. **BENAVIDES PARTNERSHIP ESTATES, LLLP.**

(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. **6627 63RD TERRACE E.**
(Street address of initial designated office)

BRADENTON, FL 34203

3. **HAYDEE BARON-RAMIREZ**
(Name of Registered Agent for Service of Process)

4. **6627 63RD TERRACE E.**
(Florida street address for Registered Agent)

BRADENTON, FL 34203

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 ~~to~~ further with and accept the obligations of my position as registered agent.

x Haydee Barrn
Signature of Registered Agent

6. **6627 63RD TERRACE E.**
(Mailing address of initial designated office)

BRADENTON, FL 34203

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 22 AM 11:00
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8. Name and business address of each general partner:

Name:

Business Address:

HAYDEE BARON-RAMIREZ

6627 63RD TERRACE E.

BRADENTON, FL 34203

GILBERTO BENAVIDES-ESLAVA

6627 63RD TERRACE E.

BRADENTON, FL 34203


9. Effective date, if other than the date of filing: DECEMBER 1, 2021

(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 15TH day of NOVEMBER, 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.

Haydee Baron


Filing Fees:

\$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of State (optional):

\$0.75