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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I1999000006

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.\*\*

Email Address: corporate@zkslawfirm.com

## FLORIDA/FOREIGN LP/LLLP MIAMI BEACH APARTMENT HOLDINGS, LTD.

Certificate of Status	1
Certified Copy	I
Page Count	<b>6</b> 05
Estimated Charge	\$1,061.25

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T. LEMIEUX JAN 24 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: MIAMI BEACH APARTMENT HO	DLDINGS	S, LTD,		
	Name of Florida Limited I	Partnershi	p or Limi	ted Liabilit	y Limited Partnership
The er	nclosed Certificate of Limited Partner	rship and	d fees ar	e submitt	ed for filing.
Please	return all correspondence concerning	g this m	atter to:		
SCOT	M. PRICE, ESQUIRE				
***************************************	Centact Person		***************************************	<b>-</b>	
Zimme	rman, Kiser & Sutcliffe, P.A.				
	Firm/Company			-	
315 E.	Robinson Street, Suite 600				
	Address			••	
Orlando	o, Florida 3280!				
	City, State and Zip Code				
согрога	tc@zkslawfirm.com				
E-	mail address: (to be used for future annual r	eport noti	fication)		
For fu	rther information concerning this ma	tter, plea	ise call:		
Eileen S	Soto	_at (	r	.)425-7010	)
	Name of Contact Person	Are	a Code a	nd Daytime	Telephone Number
Enclos	ed is a check for the following amou	nt:			
(\$96	100.00 Filing Fees \$1,008.75 Filing Fees 15 Filing Fee and and Certificate of Registered Agent Status 1		)52,50 Fill Certified		\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisio Cliftor 2661 E	ET ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, FL 32301		Registr Division P. O. B	ING ADI ration Sec on of Corp sox 6327 assee, FL	tion porations

CR2E030 (6/17)

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

## MIAMI BEACH APARTMENT HOLDINGS, LTD., (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice) Acceptable Limited Parinership suffixes. Limited Parinership, Limited, L.P., LP, or Lid. Acceptable Limited Liability Limited Parinership suffixes: Limited Liability Limited Parmership, L.L.L.P. or LLLP (Street address of initial designated office) Lakewood, NJ 08701 (Name of Registered Agent for Service of Process) (Florida street address for Registered Agent) Oriando, PL, 32801 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 perfectioned of my duties, and i am familiar with and accept the obligations of my position as registered agent Signature of Registered Agent 315 E. Robinson Succt. Suite 600 (Maifing address of initial designated office) Orlando, Florida 32801 7. If limited partnership elects to be a limited liability limited partnership, check box .....

<ol> <li>Name and business address of ea Name;</li> </ol>	ach general partner:  Business Address:	
Miami Beach Apartment Holdings GP, Inc	c. H25 Ocean Avenue	
	Lakewood, New Jersey 08701	
		······································
		······································
		<u> </u>
the Florida Department of State.) Note: If the date inscreed in this blo	late of filing:  or more than 90 days after the date the  ck does not meet the applicable statuto  cument's effective date on the Departm	ry filing requirements,
Signed this 19th	day of	2022
herein are true. I/We am/are aware t	We submit this document and affirm that any false information submitted in ird degree felony as provided for in s.8	a document to the
Michael Fisher, President of General Partner		***************************************
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Pec and \$35 Regis \$52.50 \$8.75	tered Agent Fee)