

# A 22000000215

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

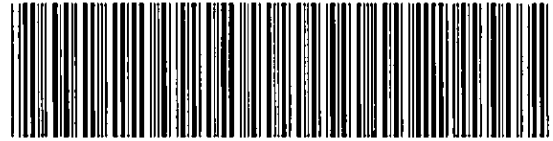
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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STATE OF TEXAS  
TALLAHASSEE

2022 APR -8 PM 4:21



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04/08/2022

Name: Chris Vick

Reference #: 1645103

Entity Name: BEE RIDGE GP, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

\*\*\*FILE SECOND\*\*\*

Authorized Amount: \$1,000.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bee Ridge GP, LP  
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:

Audrey Oswick  
Contact Person  
Stark Enterprises  
Firm/Company  
629 Euclid Avenue, Suite 1300  
Address  
Cleveland, Ohio 44114  
City, State and Zip Code  
legal@starkenterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Oswick at ( 216 ) 292-0014  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 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. BEE RIDGE GP, LP  
(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. 629 Euclid Avenue, Suite 1300  
(Street address of initial designated office)  
Cleveland, Ohio 44114

3. COGENCY GLOBAL INC.  
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 4  
(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.*

/s/ SHANNON M. MADDOX  
Signature of Registered Agent

6. 629 Euclid Avenue, Suite 1300  
(Mailing address of initial designated office)  
Cleveland, Ohio 44114

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

TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

Stark West Market, LLC

629 Euclid Avenue, Suite 1300

Cleveland, Ohio 44114

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 7th day of April, 2022

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.

  
\_\_\_\_\_  
Brian Midlik, Secretary of

\_\_\_\_\_  
Stark West Market, LLC

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