

A22000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

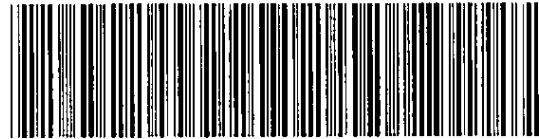
(Document Number)

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

Special Instructions to Filing Officer.

W22000000306-00519  
63277

Office Use Only



300387742353

05/13/22--01005--010 \*\*1000.00

RECEIVED

2022 MAY 13 PM 1:45

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

2022 MAY 19 PM 12:50

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MAY 19 2022

K. Brumbley

FILING

KD process

(950) 727 4363

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALBATROSS REAL ESTATE 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:

ROXANA M TUMBACO

Contact Person

CORNERSTONE TAX AND ACCOUNTING SERVICES

Firm/Company

4000 HOLLYWOOD BLVD SUITE 555-S

Address

HOLLYWOOD, FL 33021

City, State and Zip Code

ACCOUNTING@CORNERSTONETAXCORP.COM

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

For further information concerning this matter, please call:

ROXANA TUMBACO

at ( 786 ) 597-9461

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

CR2E030 (6/17)

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

1. ALBATROSS REAL ESTATE 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. 1007 N FEDERAL HWY # 371

(Street address of initial designated office)

FORT LAUDERDALE , FL 33304-1422

3. CORNERSTONE TAX AND ACCT.SVCS. CORP

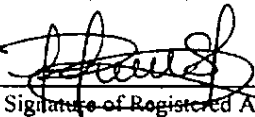
(Name of Registered Agent for Service of Process)

4. 4000 HOLLYWOOD BLVD SUITE 555-S

(Florida street address for Registered Agent)

HOLLYWOOD, FL 33021

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6. 1007 N FEDERAL HWY # 371

(Mailing address of initial designated office)

FORT LAUDERDALE , FL 33304-1422

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

APPROVED  
AND  
FILED  
2022 MAY 19 PM 12:50  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

GP 1321 LLC

1007 N FEDERAL HWY # 371

FORT LAUDERDALE, FL 33304-1422

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 12th day of MAY, 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.

R.

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**