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Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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FLORIDA/FOREIGNLP/LLLP  
MIDDLEBELT GOAT LP

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

1. MIDDLEBELT GOAT 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. 1111 Brickell Avenue, 10th Floor, Suite 39

(Street address of initial designated office)

Miami, Florida 331313. DS Advisors LLC

(Name of Registered Agent for Service of Process)

4. 1111 Brickell Avenue, 10th Floor, Suite 39

(Florida street address for Registered Agent)

Miami, Florida 33131

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.

By:

DS Advisors LLC

SAAHILL DESA

its Managing Member

Signature of Registered Agent

6. 1100 Brickell Bay Dr. #310850

(Mailing address of initial designated office)

Miami, Florida 331317. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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## 8. Name and business address of each general partner:

Name:Business Address:

DS Advisors LLC

1111 Brickell Avenue, 10th Floor, Suite 39

Miami, Florida 33131

## 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 19th 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.

DocuSigned by:

SAAHILL DESAI

CSC47B2B0197452

Filing Fees:

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

Certified Copy (optional):

**\$52.50**

Certificate of Status (optional):

**\$8.75**

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