2022 JUN 23

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CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Registered Agent for Service of Process) 4. 1398 SW IST STREET 12TH FLOOR (Florida street address for Registered Agent) Miami, Florida 33135 5. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree lo-comboning with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiate with and accept the obligations of my position as registered agent. Stephanic Bernuan Signature of Registered Agent 120	Apollo Gardens, LLLP	
(Street address of initial designated office) Miami, Florida 33135 STEPHANIE BERMAN (Name of Registered Agent for Service of Process) 4. 1398 SW 18T STREET 12TH FLOOR (Florida street address for Registered Agent) Miami, Florida 33135 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete 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. Stephanic Bentuan Signature of Registered Agent (Mailing address of initial designated office)	Parmership suffixes: Limited Parmership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership	
(Street address of initial designated office) Miami, Florida 33135 STEPHANIE BERMAN (Name of Registered Agent for Service of Process) 4. 1398 SW 18T STREET 12TH FLOOR (Florida street address for Registered Agent) Miami, Florida 33135 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete 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. Stephanic Bentuan Signature of Registered Agent (Mailing address of initial designated office)	2. 1398 SW 1ST STREET 12TH FLOOR	
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7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:	Business Addres	Business Address:		
Apollo Gardens GP, Inc.	1398 SW 1ST STRI	BET 12TH PLOOR		
	Miami, Florida 3313	35		
9. Effective date, if other than the of Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	or more than 90 days after ock does not meet the appli	icable statutory filing requirement		
Signed this 23rd	day of June	2022		
Signature of each general partner: I herein and true. I/We am/acc aware Department of State constitutes a the separate demand resident of Apollo Ontdens GP.	that any false information hird degree felony as provi	submitted in a document to the		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1.000.00 (\$965 Filing Fee \$52.50 \$8.75 Page 2 of 2	e and \$35 Registered Agent Fee)		