

A22000000474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

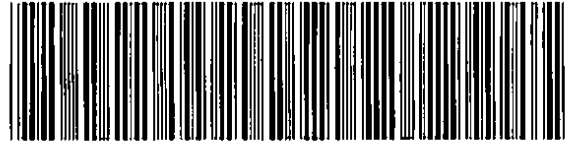
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300391507573

RECEIVED

2022 AUG 10 PM 2:59

FILED

2022 AUG 10 AM 7:00

STATE
FALL HARBOR, FLORIDA
10

T. LEMIEUX

AUG 11 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 08/09/2022

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY

The Mustang Apartments at Ocala LP

PLEASE PERFORM THE FOLLOWING SERVICES:

The Mustang Apartments at Ocala LP

Please file the attached certificate of limited partnership and provide a certified copy and certificate of status.

NOTES:

\$1,061.25 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be 'WJ' or similar, located below the 'Sincerely,' text.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mustang Apartments at Ocala 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:

Vicki Melone

Contact Person

Shankman Leone, P.A.

Firm/Company

707 N. Franklin Street, Fifth Floor

Address

Tampa, FL 33602

City, State and Zip Code

vmelone@shankmanleone.com

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

For further information concerning this matter, please call:

Vicki Melone

at (813) 223-1099

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☒ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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. The Mustang Apartments at Ocala 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 L.L.P.

2. 2700 W. Cypress Creek Road, Suite D128
(Street address of initial designated office)
Fort Lauderdale, FL 33309

3. Noam H. Avrahami
(Name of Registered Agent for Service of Process)

4. 2700 W. Cypress Creek Road, Suite D128
(Florida street address for Registered Agent)
Fort Lauderdale, FL 33309

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.*

N. H. Avrahami
Signature of Registered Agent

6. P. O. Box 4175
(Mailing address of initial designated office)
Fort Lauderdale, FL 33309

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

FILED
2022 AUG 10 AM 7:00
CLERK OF DISTRICT COURT
FLORIDA
19

8. Name and business address of each general partner:

Name:

Business Address:

The Mustang Apartments at Ocala GP2 LLC

2700 W. Cypress Creek Road, Suite D128

Fort Lauderdale, FL 33309

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 4th day of August, 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.

The Mustang Apartments at Ocala GP2 LLC

a Delaware limited liability company, its general partner

By: 

Noam H. Avrahami
its Authorized Member

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75