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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2022 AUG 15 AM 9:24
FAXED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLP

Old Bridge Investors, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

2022 AUG 15 PM 4:51

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Corporate Filing Menu

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S. ROBERTS

DocuSign Envelope ID: 4E4CEFF7-C03F-4CC4-8B99-BB21C7C826DA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Bridge Investors, LLLP
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:

Michael D. Rendina, President
Contact Person

Old Bridge Investors, LLLP
Firm/Company

661 University Boulevard, Suite 200
Address

Jupiter, Florida 33458
City, State and Zip Code

lgreenholtz@rendina.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Rendina at (561) 630-5055
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. Old Bridge Investors, LLLP

(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. 661 University Boulevard, Suite 200

(Street address of initial designated office)

Jupiter, Florida 33458

3. REGSERV CORP.

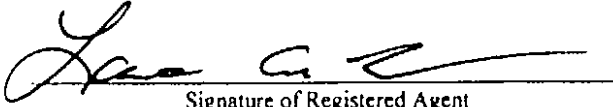
(Name of Registered Agent for Service of Process)

4. 661 University Boulevard, Suite 200

(Florida street address for Registered Agent)

Jupiter, Florida 33458

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. 661 University Boulevard, Suite 200

(Mailing address of initial designated office)

Jupiter, Florida 33458

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

DocuSign Envelope ID: 4E4CEFF7-C03F-4CC4-8899-BB21C7C826DA

8. Name and business address of each general partner:

Name:

Business Address:

Old Bridge Health JV, LLC

661 University Boulevard, Suite 200

Jupiter, Florida 33458

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 15th 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.

Michael D. Rendina, President

Michael D Rendina

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75