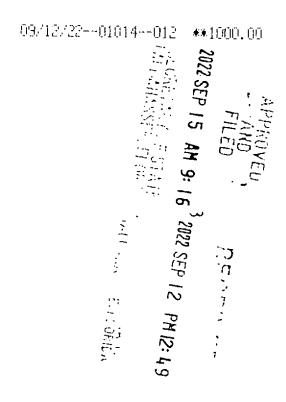
A2200000531

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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W22-115785 St2

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

Peaceful Villa Florida Property 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.

	(Street address of initial designated office)
Dearborn, MI 48126	
Brent Green	
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent for Service of Process)
4. 23781 US Hwy. 27, Ste. 2	10
·	(Florida street address for Registered Agent)
Lake Wales, FL 33589 5. I hereby accept the appoint	ntment as registered agent and agree to act in this capacity. I further agree to co
. I hereby accept the appoint with the provisions of all stat	ntment as registered agent and agree to act in this capacity. I further agree to coutes relative to the proper and complete performance of my duties, and I am family as a registered agent Signature of Registered Agent
i. I hereby accept the appo- with the provisions of all state with and accept the obligation	utes relative to the proper and complete performance of my duties, and I am familias of my position as registered agent Signature of Registered Agent
. I hereby accept the appoint	utes relative to the proper and complete performance of my duties, and I am familias of my position as registered agent Signature of Registered Agent

Page 1 of 2



Name:	Business Address	<u>:</u>
7648FairFax Corp	6837 Chase Rd.	
	Dearborn, MI 48126	
		
		
		
· <u> </u>		-
9. Effective date, if other than the	date of filing:	
(Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	ock does not meet the applica	ble statutory filing requirement
Signed this 31st	day ofAugust	, 2022
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a tl	that any false information su	bmitted in a document to the
7648FairFax Corp		
mes house		
By: Matt Nesbitt, President		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee an \$52.50 \$8.75	d \$35 Registered Agent Fee)

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