

A22000000551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

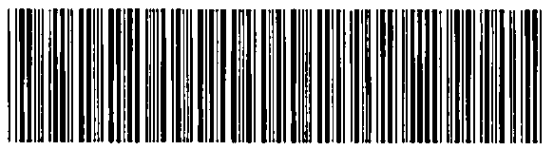
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PIT

FILED

S. ROBERTS

SEP 20 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 958739 8084636

AUTHORIZATION :



COST LIMIT : \$ 1000.00

ORDER DATE : September 15, 2022

ORDER TIME : 8:51 AM

ORDER NO. : 958739-005

CUSTOMER NO: 8084636

DOMESTIC FILING

NAME: 7625 ARBOR LAKES 333 LP

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7625 ARBOR LAKES 333 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:

MARK FEIGENBAUM

Contact Person

FEIGENBAUM CONSULTING

Firm/Company

400 N RIVERMEDE ROAD, SUITE 200

Address

VAUGHAN, ONTARIO, L4K 3R5, CANADA

City, State and Zip Code

mark@feigenbaumlaw.com

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

For further information concerning this matter, please call:

VANESSA COLUCCI at (905) 695-1269
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and S35 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)

2022 SEP 20 AM 9:41

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

1. 7625 ARBOR LAKES 333 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. 7625 ARBOR LAKES COURT, UNIT 333

(Street address of initial designated office)

NAPLES, FL, 34112

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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: Allen: [Signature]

Signature of Registered Agent

6. 38 MAUROVISTA COURT

(Mailing address of initial designated office)

STOUFFVILLE, ONTARIO, L4A 0E4, CANADA

7. 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:

FRMC INVESTMENTS INC.

38 MAUROVISTA COURT

STOUFFVILLE, ONTARIO, L4A 0E4, CANADA

9. Effective date, if other than the date of filing: _____

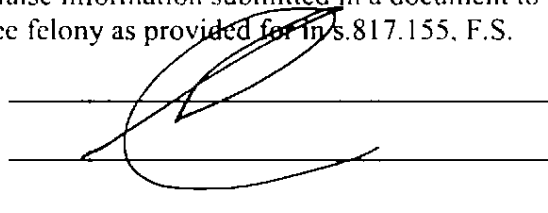
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 SEPTEMBER, 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.

FRMC Investments Inc. c/o Francesco Chieffallo



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75