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## 700394655087

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

ACCOUNT NO. : I2000000195		
REFERENCE: 958739 8084636		
AUTHORIZATION: Spelle man		
COST LIMIT : \$ 1,000.00		
· · · · · · · · · · · · · · · · · · ·		
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**

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:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and S35 Registered Agent Status  Fee)  STREET ADDRESS:  MAILING ADDRESS:	TO: Registration Section Division of Corporations	
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  Name of Contact Person  Enclosed is a check for the following amount:  S1.000.00 Filing Fees  (5965 Filing Fee and and Certificate of status  Fee)  S1.000.00 Filing Fees  Status  Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Citylian Fee Conter Circle  MAILING ADDRESS:  Registration Section  Division of Corporations  Citylian Fee Conter Circle  Tallahassee, FL 32314	SUBJECT: 7625 ARBOR LAKES	133 LP
Please return all correspondence concerning this matter to:  MARK FEIGENBAUM  Contact Person  FEIGENBAUM CONSULTING  Finn/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 COLUCI  Name of Contact Person  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and S35 Registered Agent Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Name of Floric	a Limited Partnership or Limited Liability Limited Partnership
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status  Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	The enclosed Certificate of Limit	ed Partnership and fees are submitted for filing.
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of Status S78 Registred Agent Fee)  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building  P. O. Box 6327 Tallahassee, FL 32314	Please return all correspondence of	oncerning this matter to:
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filling Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of and Certificate Opy, and S35 Registered Agent Status  Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	MARK FEIGENBAUM	
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of and Certified Copy and Certificate of Status Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Contact Pers	on
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of sand Certified Copy Certified Copy, and S35 Registered Agent Status Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	FEIGENBAUM CONSULTING	
Address  VAUGHAN, ONTARIO, L4K 3R5, CANADA  City, State and Zip Code  mark@feigenbaurnlaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  VANESSA COLUCCI  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of and Certificate of S33 Registered Agent Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Firm/Compa	ny
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees, (S965 Filing Fee and and Certificate of and Certified Copy, and S35 Registered Agent Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	400 N RIVERMEDE ROAD, SUITE 2	00
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  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1.000.00 Filing Fees  S1.008.75 Filing Fees  (S965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and S35 Registered Agent Status  Fee)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Address	
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Name of Contact Person  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S1,000.00 Filing Fees S1,008.75 Filing Fees S1,052.50 Filing Fees S1,061.25 Filing Fees, and Certified Copy S35 Registered Agent Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	E-mail address: (to be used for futu	re annual report notification)
Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:   \$\[ \] \] \[ \	For further information concerning	g this matter, please call:
Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\textstyle \text{S1.000.00 Filing Fees} & \text{S1.008.75 Filing Fees} & \text{S1.052.50 Filing Fees} & \text{S1.061.25 Filing Fees}, \text{(S965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and S35 Registered Agent Status Fee)}  \$\text{STREET ADDRESS:} & \text{MAILING ADDRESS:} \text{Registration Section} & \text{Registration Section} \text{Division of Corporations} & \text{Division of Corporations} & \text{Division of Corporations} & \text{Cifton Building} & \text{P. O. Box 6327} \text{Tallahassee, FL 32314}	VANESSA COLUCCI	at (905 \ \)695-1269
□ \$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 \$35 Registered Agent Status Fee)  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building City Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	Name of Contact Person	
(\$965 Filing Fee and and Certificate of \$35 Registered Agent Status Fee)  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	Enclosed is a check for the follow	ing amount:
Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	(\$965 Filing Fee and and Certifi \$35 Registered Agent Status	cate of and Certified Copy Certified Copy, and
Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	STREET ADDRESS:	MAILING ADDRESS:
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	Registration Section	
2661 Executive Center Circle Tallahassee, FL 32314	•	
		ratialiassee, FL 32314

CR2E030 (6/17)

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

armership suffixes: Limited P	Limited Liability Limited Partnership, which must include suffix) A winership, Limited, L.P., LP, or Ltd: Acceptable Limited Liability Lied Partnership, L.L.L.P. or LLLP.	
7625 ARBOR LAKES C	DURT, UNIT 333	
	(Street address of initial designated office)	
NAPLES, FL, 34112		
Corporation Service Comp	nany	
	(Name of Registered Agent for Service of Process)	
1201 Hays Street		
	(Florida street address for Registered Agent)	
Tallahassee, FL 32301	(Florida street address for Registered Agent)	I Gushan garan ta
I hereby accept the appoint th the provisions of all stat th and accept the obligation	(Florida street address for Registered Agent)  nument as registered agent and agree to act in this capacity, utes relative to the proper and complete performance of my days of my position as registered agent.  y:   All the basis of my position.	
I hereby accept the appoint th the provisions of all stat th and accept the obligation	ntment as registered agent and agree to act in this capacity, utes relative to the proper and complete performance of my dans of my position as registered agent.	
I hereby accept the appoint the provisions of all states that and accept the obligation B	ntment as registered agent and agree to act in this capacity. utes relative to the proper and complete performance of my d ns of my position as registered agent.  y:   Signature of Registered Agent	
I hereby accept the appoint the provisions of all states that and accept the obligation	ntment as registered agent and agree to act in this capacity. utes relative to the proper and complete performance of my d ns of my position as registered agent.  y:   Signature of Registered Agent	

8. Name and business address of e Name:	each general partner: Business Address:
FRMC INVESTMENTS INC.	38 MAUROVISTA COURT
	STOUFFVILLE, ONTARIO, L4A 0E4, CANADA
	<del>_</del>
the Florida Department of State.) Note: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records
Signed this	SEPTEMBER 2022 day of
herein are true. I/We am/are aware	I/We submit this document and affirm that the facts stated that any false information submitted in a document to the hird degree felony as provided for in s.817.155, F.S.
FRMC Investments Inc. c/o Francesco Chieffal	
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75

Page 2 of 2