

9/26/22, 10:51 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA/FOREIGN LP/LLLP
NXT GLOBAL HOLDINGS, LP**

Certificate of Status	1
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Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN
SFA 27 2022

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

1. NXT Global Holdings, 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. 4770 Biscayne Boulevard, Suite 1400

(Street address of initial designated office)

Miami, FL 33137

3. Abraham A. Galbut, Esq.

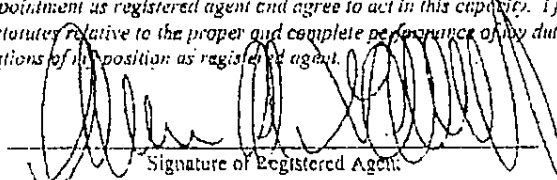
(Name of Registered Agent for Service of Process)

4. 4770 Biscayne Boulevard, Suite 1400

(Florida street address for Registered Agent)

Miami, FL 33137

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. 4770 Biscayne Blvd., Suite 1400

(Mailing address of initial designated office)

Miami, FL 33137

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

2022-09-26 16:11:06

8. Name and business address of each general partner:

Name:Business Address:

NXT Global Management, Inc.

4770 Biscayne Boulevard, Suite 1400

Miami, FL 33137

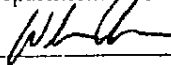
9. Effective date, if other than the date of filing:

(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 _____ day of _____

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.



WILLIAM CHEN

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75