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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Harbour Front Holdings, 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:

Joseph P. Klapholz, Esq. Contact Person Joseph P. Klapholz, P.A.

Firm/Company

7951 S.W. 6th Street Suite 210 Address

Plantation, Florida 33324 City, State and Zip Code

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

For further information concerning this matter, please call:

 Joseph P. Klapholz, Esq.
 at (<u>954</u>) <u>925-3355 x135</u>

 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 Certificate of and Certified Copy Certified Copy, and S35 Registered Agent Status Fee)

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

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

1. Harbour Front Holdings, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., I.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2	7951 S.W.	6th Street Suite 210	
		(Street address of initial designated offic	e)

Plantation, Florida 33324

Joseph Klapholz, Esq. 3.

(Name of Registered Agent for Service of Process)

7951 S.W. 6th Street Suite 210 4._ (Florida street address for Registered Agent)

Plantation, Florida 33324

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 *psposition* as register *fiftagent*.

Signature of Registered Agent		
6. 7951 S.W. 6th Street Suite 210		2022
(Mailing address of initial designated office) — Plantation, Florida 33324		APP A FII
7. If limited partnership elects to be a limited liability limited partnership, check	box	
	$\overline{\mathbb{C}}$	

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Name: Name:	Business Address:
MSCI Harbour Holdings, Inc.	7951 S.W. 6th Street Suite 210
	Plantation, Florida 33324
	· · · · · · · · · · · · · · · · · · ·

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 12 day of DOTOBER 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.

wind

Joseph P. Klapholz, Esquire_

authorized signatory for MSCI Harbour Holdings, Inc.

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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