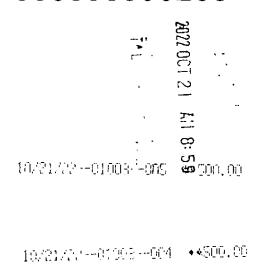
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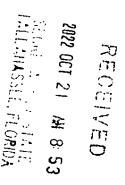
	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(,,
	(Document Number)
Certified Copies	Certificates of Status
Γ	
Special Instructions to	Filing Officer:

Office Use Only



300395590233





S. ROBERTS OCT 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Meridica Con Con Name of Florida Limited Par	thership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnersh	up and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Sanjeer Singh	
Firm/Company 1314 Heberling St Address	
Palm Bay FL 329 Oity, State and Zip Code	0
Paul Singh 515@ Jah E-mail address to be used for future annual rep	ort notification)
For further information concerning this matter	er, please call:
Sanger Singh Name of Contact Person	at (321) $298-652$ Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	ı:
\$1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	S1,052.50 Filing Fees S1,061.25 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

CR2E030 (6/17)

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

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 Ltd.P.	
2. 1314 Heberling St Palm Bay FL 3290 (Street address of initial designated office)	7
3. Santed Singh (Name of Registered Agent for Service of Process)	_
4. 1314 Iteberling St (Florida Street address for Registered Agent) Palm Bay FL 32907	_
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	2 022 OCT 2
6. 1519 He Der 1775 57 (Mailing address of initial designated office)	Æ
Palm Bay FL 32907 7. If limited partnership elects to be a limited liability limited partnership, check box	8: 5 <i>9</i>

Page 1 of 2

8. Name and business address of ea Name:	ich general <u>B</u>	partner: usiness Ac	idress:	(· 1_	
Meridian Capital	UC 1	314 H	eberli	ng pg	in Ba	FL329
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	_					
	 -					
	_	- .				
9. Effective date, if other than the c	– lata of filin	1D	10117	023		
(Effective date cannot be prior to no the Florida Department of State.)	or more tha	g. 10 j in 90 days	after the d	late the d	ocument is	filed by
Note: If the date inserted in this blo this date will not be listed as the doc						
Signed this October	1	70			202	っつ
Signature of each general partner: In herein are true. I/We am/are aware	that any fal	se informa	ation subm	itted in a	document	to the
Department of State constitutes a th	urd degree	telony as	provided to	or in s.84	/.133, r.S	•
Man Da						
-	<u> </u>					
Filing Fees: Certified Copy (optional):	\$1,000.0 \$52.50	0 (\$965 Fili	ng Fee and \$	35 Registe	red Agent Fo	ee)
Certificate of Status (optional):	\$8.75					

Page 2 of 2