

A2200000606

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000361352 3)))



H220003613523ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
Buell Brown Center Preservation, LP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

2022 OCT 24 PM 2:21

FILED
2022 OCT 24 PM 8:48

T. LEMIEUX
OCT 25 2022



October 24, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: BUELL BROWN CENTER PRESERVATION, LP
REF: W22000134262

We have received your document for BUELL BROWN CENTER PRESERVATION, LP .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

General partners listed, if a legal entity, must be registered and active
on our record.

If you have any questions concerning the filing of your document, please
call (850) 245-6051.

STANTON H ROBERTS
Regulatory Specialist II

FAX Aud. #: H22000361352
Letter Number: 822A00023758

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

1. Buell Brown Center Preservation, 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.P. or LLP.

2. 2850 Tigertail Ave, Suite 800

(Street address of initial designated office)

Miami, FL 33133

3. Corporate Creations Network Inc.

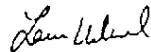
(Name of Registered Agent for Service of Process)

4. 801 US Highway 1

(Florida street address for Registered Agent)

North Palm Beach, FL 33408

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.*



Lauren Underwood, Special Secretary

Signature of Registered Agent

6. 2850 Tigertail Ave, Suite 800

(Mailing address of initial designated office)

Miami, FL 33133

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

8. Name and business address of each general partner:

Name:Business Address:

Buell Brown GP, LLC

2850 Tigertail Ave, Suite 800

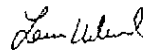
Miami, FL 33133

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 21st day of October, 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.



Buell Brown GP, LLC - General Partner, By: Lauren Underwood, Special Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75