A220000006654

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





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NOV 29 2022 K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

850-245-6051



ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/28/2022 PRIORITY | Regular Approval

OUR REF.# (Order ID#) | 1093149

ORDER ENTITY UGP 850 NW 2ND LP

PLEASE PERFORM THE FOLLOWING SERVICES:
 UGP 850 NW 2ND LP (FL)

Please file the attached and provide a certificate of status.

Please bill the above referenced account for this order.

ACCOUNT NUMBER: 120050000052

If you have any questions please contact me at 656-7956,

RETURN/FORWARDING INSTRUCTIONS:

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 28, 2022 Page 1 of 1

COVER LETTER

то:	TO: Registration Section Division of Corporations				
SUBJ	ECT: UG	GP 850 NW 2nd	LP		
2024		of Florida Limited Pa	rtnership	or Limited Li	ability Limited Partnership
The ei	nclosed Certificate of	Limited Partners	hip and	fees are sub	omitted for filing.
Please	return all correspond	dence concerning	this ma	itter to:	
	Urban Growth M	iami LLC			
	Con	tact Person			
Firm/Company					
382 NE 191st PMB 78674					
		Address			
	Miami Florida 33 City, Stat	te and Zip Code			
E	Thomas@urbang-mail address: (to be used	growthproperties I for future annual rep	s.com oort notil	ication)	
For fu	rther information cor	ncerning this matte	er, plea	se call:	
Thomas Bayles at (626) 636-5061					636-5061
	Name of Contact Perso	on	Arc	a Code and Da	aytime Telephone Number
Enclo	sed is a check for the	following amoun	t:		
(\$9	Registered Agent St	1.008.75 Filing Fees d Certificate of atus		52.50 Filing F Certified Copy	
Regist Divisi Clifto 2661	CET ADDRESS: tration Section on of Corporations n Building Executive Center Circ assee, FL 32301	cle		Registratio Division of P. O. Box 6	Corporations

CR2E030 (6/17)

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

UGP 850 NW 2nd LP

Partners!	Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited hip suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2	382 NE 191st St PMB 78674
	(Street address of initial designated office)
	Miami Florida 33179-3899
3.	Urban Growth Miami LLC
	(Name of Registered Agent for Service of Process)
4	382 NE 191st St PMB 78674
	(Florida street address for Registered Agent)
	Miami Florida 33179-3899
5 Lhor	why accept the appointment as registered agent and agree to act in this capacity. I further agree to com,
with the	provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Thomas Bayles Signature of Registered Agent
with the with ana	provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Thomas Bayles
with the	provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Thomas Bayles Signature of Registered Agent

Page 1 of 2



8. Name and business address of each g Name:	general partner: Business Address:
Urban Growth Miami LLC	382 NE 191st St PMB 78674
	Miami Florida 33179-3899
	
the Florida Department of State.) Note: If the date inserted in this block d	of filing: ore than 90 days after the date the document is filed by oes not meet the applicable statutory filing requirements ent's effective date on the Department of State's records
	ay ofOctober2022
Signature of each general partner: I/We herein are true. I/We am/are aware that a	submit this document and affirm that the facts stated any false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Thomas Bayles, Managing General Partner
Certified Copy (optional): \$5	,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2.50

Page 2 of 2