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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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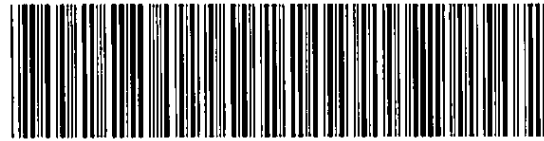
(Business Entity Name)

(Document Number)

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K. Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MIAMI RIVER MEDICAL OFFICES, L.P.

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MIAMI RIVER MEDICAL OFFICES, LP**

ARTICLE I – NAME

The name of the limited partnership is Miami River Medical Offices, LP.

ARTICLE II – ADDRESS

The mailing address of the office of the initial designated office of the limited partnership is 28 O. Box #280, Lawrence, NY 11559. The street address of the initial designated office of the limited partnership is 12 Bayview Avenue, #280, Lawrence, NY 11559.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S
ACCEPTANCE**

The name and address of the registered agent and office is:

Blalock Walters, P.A.
2 North Tamiami Trail, Suite 400
Sarasota, FL 34236

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 620, Florida Statutes.

Blalock Walters, P.A., a Florida professional corporation

By: Matthew J. Lapointe
Matthew J. Lapointe, Principal

ARTICLE IV – GENERAL PARTNER

The name and business address of the General Partner is as follows: Madera Baya, LLC, a Florida limited liability company, 12 Bayview Ave #280, Lawrence, NY 11559.

ARTICLE V – LIMITED LIABILITY LIMITED PARTNERSHIP

The limited partnership does not elect to be a limited liability limited partnership.

IN WITNESS WHEREOF, this Certificate of Limited Partnership is executed this 5th day of December, 2022.

GENERAL PARTNER:
Madera Baya, LLC, a Florida limited liability company

By: Avram Weissman
Avram Weissman, Manager