

A2200000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

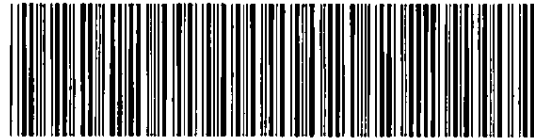
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 DEC 12 PM 4:23

2022 DEC 12 PM 5:31

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AND
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DEC 12 2022

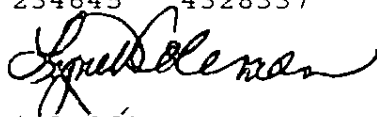
K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 234645 4328337

AUTHORIZATION :



COST LIMIT : \$ 1,052.50

ORDER DATE : December 12, 2022

ORDER TIME : 1:58 PM

ORDER NO. : 234645-005

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: UNITED HUSTLE LP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XXX____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Hustle 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:

Marlene Marsh, Paralegal

Contact Person

c/o Dentons Cohen & Grigsby P.C.

Firm/Company

625 Liberty Ave., 5th Floor

Address

Pittsburgh, PA 15222

City, State and Zip Code

Maria Steuer <maria.steuer@gmail.com>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Marsh, Paralegal

at (412) 297-4993

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)
- ☐ \$1,008.75 Filing Fees
and Certificate of
Status
- ☒ \$1,052.50 Filing Fees
and Certified Copy
- ☐ \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status

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. United Hustle 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.L.P. or LLLP.

2. 3200 8TH AVE N, ST. PETERSBURG, FL 33713

(Street address of initial designated office)

3. Maria Steuer

(Name of Registered Agent for Service of Process)

4. 3200 8TH AVE N, ST. PETERSBURG, FL 33713

(Florida street address for Registered Agent)

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.*



Signature of Registered Agent

6. 3200 8TH AVE N, ST. PETERSBURG, FL 33713

(Mailing address of initial designated office)

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

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AND
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8. Name and business address of each general partner:

Name:

Business Address:

The Hustle Doc LLC

3200 8TH AVE N, ST. PETERSBURG, FL 33713

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 9th day of December, 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.

The Hustle Doc LLC
By: Maria Steuer, Manager

Maria Steuer

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