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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BAYSIDE BREEZE REDEVELOP	MENT, LLLP
	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Deborah M. Edwards, Esq.	
Contact Person	
Edwards & Feanny, P.A.	
Firm/Company	
9580 Sw 107 Ave, Suite 204B	
Address	
Miami, Florida 33176	
City, State and Zip Code	
hrigby@tedebuilds.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	ter, please call:
Deborah M. Edwards	at (⁷⁸⁶) ²³⁶⁻²⁰⁰⁸
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$1,000.00 Filing Fees \$1,008.75 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 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

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., L.P. or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or Ltd.P. 2. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127 (Street address of initial designated office) 3.	BAYSIDE BREEZE REDEVELOPMENT, LLLP
(Street address of initial designated office) 3. Jane Dixon (Name of Registered Agent for Service of Process) 4. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127 (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. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership
(Name of Registered Agent for Service of Process) 4. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127 (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. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	2. 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127
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0	
(Mailing address of initial designated office)	66.
	(Mailing address of initial designated office)

Page 1 of 2

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



\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
I/We submit this document and affirm that the facts stated that any false information submitted in a document to the hird degree felony as provided for in s.817.155, F.S.
day of
date of filing:
FORT WALTON BEACH, FLORIDA 32548
ST. PETERSBURG, FLORIDA 33702
7901 4TH STREET N. SUITE 300
MIAMI, FLORIDA 33127
5900 NW 7TH AVE, SUITE 102