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To:

Division of Corporations

Florida Department of State

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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT LLP

Account Number : I20000000112 Phone : (305)789-7758 Fax Number : (305)789-7799

DISS/TERM/CANCEL/REV OF LP/LLP BESPOKE MASTERPIECE, LP

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CERTIFICATE OF DISSOLUTION FOR

BES	SPOKE MASTE	RPHECE, LP	
(Name of Florida Limited Partnership of	or Limited Liabil	ity Limited Partnership)	·- ·-
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Jan document number A23000000028 Dissolution.	ted partnershi mary 9, 2023		with the Florida
FIRST: Reason for dissolution: (State why par	thership is submitting dissolut	tion)
The limited partnership's dissolution is a	result of no busi	ness activity.	
		1 H 1 H 1	
			
	 .		
			
SECOND: 🔳 A Notice of Disso (Check box if:		hed.	
THIRD: Effective date, if other than the (Effective date comnot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective d	e than 90 days a is not meet the a	fter the date this document is filed fi pplicable statutory filing requiremen	
Signatures of each general partner or the p	serson appointed	pursuant to \$, 620,1803(3) or (4), F	`.S.:
		1394636d3dGsldTD , Inc , Ger	aeral Partner
		Alexandre Matic	_
	_	Alexandre Matre, Director	2024 AUG
		**************************************	- E
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Certified Copy (optional):	\$52.50		
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NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: BESPORE MASTERPIECE, LP Description of information that must be included in a claim: Name of the claimant, the date of claim, the event giving rise to the claim, the amount claimed, and the the name, address and telephone number of contact to whom the Partnership should reply to regarding the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Horida Department of State a 905 Brickell Bay Drive, Tower 2 Lobby, Suite 227 Miami FL 33131 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity: 1394636 B.C. LTD., Inc., General Partner Alexandre Matic Alexandre Matic, Director Printed Name

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.