A2300000047

(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:				

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/26/2023	_		⇔ WALK IN
ENTITY NAME_Avent	tura Country Club LP		
1-2 Filing. Incorpora	ation first. LP Formation second	d. ?	
DOCUMENT NUMBER			26.
	**PLEASE FILE THE ATTAC		(5)
	Plain Copy		-:
XXXXX	Certified Copy		· ; -
	Certificate of Status		******
	Certified Copy of Arts & Amend Certificate of Good Standing	nca is	
		·	
	**APOSTILLE' / NOTARIA	L CERTIFICATION **	
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$1052	.50	ACCOUNT #: 120160000072	<u> </u>
Please call Tina at	the above number for any issu	es or concerns, Thank you so	mach!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Aventura Country Club 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 ma	atter to:
Mark Rivkin	
Contact Person	
Aventura Country Club LP	
Firm/Company	· ·
279 Glengrove Avenue West	
Address	
Toronto, Ontario, Canada, M5N 1W3	
City, State and Zip Code	-
markjrivkin@gmail.com	<u> </u>
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
Courtney L. Scanlon - c/o Hodgson Russ LLP at (716	848-1538
	a Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S1,000.00 Filing Fees S1,008.75 Filing Fees S1,008.75 Filing Fees and S35 Registered Agent Fee)	\$1,061.25 Filing Fees, Certified Copy 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

CR2E030 (6/17)

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

ame of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Li trinership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partn ffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	imited ership
279 Glengrove Avenue West, Toronto, Ontario, Canada, M5N 1W3	
(Street address of initial designated office)	
	<u> </u>
Corporate Creations Network Inc.	
(Name of Registered Agent for Service of Process)	Ċ
801 US Highway 1, North Palm Beach, FL 33408	•
(Florida street address for Registered Agent)	.``
ith the provisions of all statutes relative to the proper and complete performance of my duties, and . Ith and accept the obligations of my position as registered agent.	gree to col l am famil
th the provisions of all statutes relative to the proper and complete performance of my duties, and in the anal accept the obligations of my position as registered agent.	gree to col l am famil
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent the provisions of all statutes relative to the proper and complete performance of my duties, and is and accept the obligations of my position as registered agent. Adia Myles, Special Secretary Signature of Registered Agent 279 Glengrove Avenue West, Toronto, Ontario, Canada, M5N 1W3	gree to co

Name:	Business Address	<u>-</u>	
Country Club Holdings Inc.	279 Glengrove Aven	ue West	
	Toronto, Ontario. Ca	nada, M5N IW3	
			
		 -	
		_	
			
		28	
9. Effective date, if other than the of (Effective date cannot be prior to nother Florida Department of State.) Note: If the date inserted in this bloth this date will not be listed as the do	or more than 90 days after to ock does not meet the applica	二. able statutory filing requirements,	-
Signed this 25th	day of January	2023	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	/We submit this document as that any false information su tird degree felony as provide	ibmitted in a document to the	lne
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee at \$52.50 \$8.75	nd \$35 Registered Agent Fec)	