

A230000000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

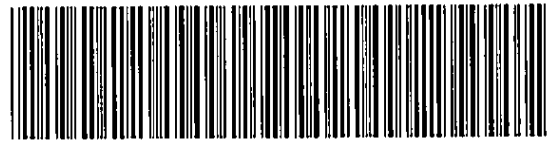
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 6 2023  
CORPORATIONS  
TALLAHASSEE, FLORIDA

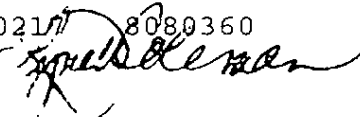
MAR 06 2023

K. Brumby

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

ACCOUNT NO. : I20000000195

REFERENCE : 550217 8080360

AUTHORIZATION : 

COST LIMIT : \$ 1,000.00

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ORDER DATE : March 6, 2023

ORDER TIME : 12:50 PM

ORDER NO. : 550217-005

CUSTOMER NO: 8080360  
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DOMESTIC FILING

NAME: ESJ 1 NEWS PLACE, LLLP

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESJ 1 News Place, LLLP  
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:

Rachael Peters  
Contact Person

ESJ 1 News Place, LLLP  
Firm/Company

19950 West Country Club Dr., Ste 800  
Address

Aventura, Florida 33180  
City, State and Zip Code

rp@esj.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Peters at ( 305 ) 600-5001  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(S965 Filing Fee and<br>S35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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**

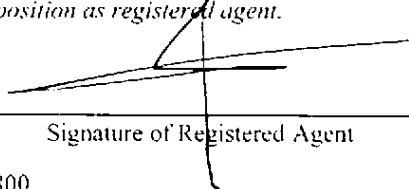
1. ESJ I News Place, LLLP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 19950 West Country Club Drive, Suite 800  
(Street address of initial designated office)  
Aventura, Florida 3180

3. ESJ Asset Management, LLC  
(Name of Registered Agent for Service of Process)

4. 19950 West Country Club Drive, Suite 800  
(Florida street address for Registered Agent)  
Aventura, Florida 33180

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. 19950 West Country Club Dr., Ste 800  
(Mailing address of initial designated office)  
Aventura, Florida 33180

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

2021 MAR -6 AM 9:54

FILED  
MAR 6 2021  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ESJ I News Place GP, LLC

19950 West Country Club Drive, Suite 800

Aventura, Florida 33180

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 3 day of March, 2023

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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75