

**A2300000121**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230000895113))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
Atlantic All Risk Insurance Brokerage, LP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

2023 MAR -8 AM 9:25

FILED

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

1. Atlantic All Risk Insurance Brokerage, 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. 330 E. Crown Point Road, Winter Garden, FL 34787  
\_\_\_\_\_  
(Street address of initial designated office)

3. Corporate Creations Network Inc.  
\_\_\_\_\_  
(Name of Registered Agent for Service of Process)

4. 801 US Highway 1 North Palm Beach, FL 33408  
\_\_\_\_\_  
(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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary  
Signature of Registered Agent

6. 330 E. Crown Point Road, Winter Garden, FL 34787  
\_\_\_\_\_  
(Mailing address of initial designated office)

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

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MAR 8 2023  
AM 9: 25

8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
Robert Consalvo	330 E. Crown Point Road Winter Garden, FL 34787
Christopher Harris	9480 S Eastern Ave. Suite 251 Las Vegas, NV 89123

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 8th 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