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S. ROBERTS

 FLORIDA CAPITAL COURIER SERVICES. 	. INC
2330 CLARE DRIVE TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
' Di f	100, 4000 00
Please use funds from this account: 120210000 Authorization Signature:	
OFFSHORE ENTERPRISES, LLLP	
BUSINESS NAME	
Certified Copy of Articles of Organization	on
_ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	DIssolution
Other	Merger Conversion
CORP X _LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Annual Report	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE _	Other
Country	
EXAMINIER'S INITIALS:	
EARMINIER O INITIALO.	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
Please use funds from this account: 120210000160: Authorization Signature: OFFSHORE ENTERPRISES, LLLP BUSINESS NAME	1000.00
Certified Copy of Articles of Organization Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit CorpNot for Profit Limited Liability DomesticationOther CORPX_ LLLP	Amendment Resignation of R.A. Officer/Director Change of Registered Agent DIssolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE _ Country	Other

EXAMINIER'S INITIALS:____

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OFFSHORE ENTERPRISE	S, LLLP
Name of Florida L	imited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited I	Partnership and fees are submitted for filing.
Please return all correspondence con-	cerning this matter to:
Sandra Z. Green, Esq.	
Contact Person	
JONATHAN H. GREEN & ASSOCIATES	, P.A.
Firm/Company	·
901 Ponce de Leon Boulevard, Suite 601	
Address	
Coral Gables, Florida 33134	
City, State and Zip C	ode
E-mail address: (to be used for future a	innual report notification)
For further information concerning the	his matter, please call:
Sandra Z. Green	at (305)372-5100
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following	g amount:
\$1,000.00 Filing Fees \$1,008.75 Fil (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Fil Status	ing Fees S1,052.50 Filing Fees S1,061.25 Filing Fees. of and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, FL 32314

CR2E030 (6/17)

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

OFFSHORE ENTERPRISES, 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.

	(Street address of initial designated office)
Windermere, Florida 3	4786
JONATHAN H. GREE	N & ASSOCIATES, P.A.
	(Name of Registered Agent for Service of Process)
901 Ponce de Leon Bou	alevard, Suite 601
' 	(Florida street address for Registered Agent)
Coral Gables, Florida 3	3134
ith the provisions of all s ith and accept the obliga	pointment as registered agent and agree to act in this capacity. I further agree statutes relative to the proper and complete performance of my duties, and I am utions of my position as registered agent. Signature of Registered Agent
ith the provisions of all s	MA

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

Name:		Ī	Business Address:	
OFFSHORE ENTER	RPRISES GP, LLC	1	3515 Bellaria Circle, W	'indermere, Florida 34786
		_		
		_		
		_	_	_
		-		
		_		
	-			_
		_		
	if other than the d			date the document is filed by
the Florida Depar		n more m	in 50 lays tyter the	aute the document is filed by
		ck does no	t meet the applicabl	e statutory filing requiremen
this date will not	be listed as the doo	cument's e	ffective date on the	Department of State's record
Signed this	8th	_ day of_	March	2023
		,		 ,
_	•			affirm that the facts stated
		-		mitted in a document to the
•		_	• •	for in s.817.155, F.S.
By: OFFSHURE EN	TERPRISES GP, LLC,	аню поакт — — —	ted liability company, GE	NERAL PARTNER (L23000096374)
By: OFFSHO	RE ENTERPRISES M	GR, LLC, MA	NAGER	
By:	David Lar	– - 10x1		
-7.	MANAGER			
Filing Fees:		\$1,000.0	0 (\$965 Filing Fee and	\$35 Registered Agent Fee)
Certified Copy (•	\$52.50		
Certificate of Sta	itus (optional):	\$8.75		