

A23000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

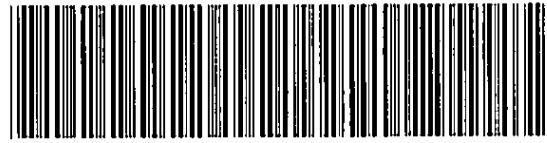
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 MAR 14 AM 10:08

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FBI  
FEDERAL BUREAU OF INVESTIGATION

2023 MAR 14 PM 2:46

RECEIVED

MAR 15 2023  
K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/13/2023      **PRIORITY** Regular Approval      **OUR REF # (Order ID#)** 1127441

**ORDER ENTITY**  
CLARIDGE HOMES (101 HOTEL) LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
CLARIDGE HOMES (101 HOTEL) LLC (FL)

Please file the attached Certificate of Limited Partnership and provide a certified copy.

**NOTES:**  
\$1,052.50 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Claridge Homes (101 Hotel) 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 matter to:

Steven H. Hagen, Esq.

Contact Person

Harper Meyer Perez Hagen Albert Dribin DeLuca Hagen & Villa LLP

Firm/Company

201 S. Biscayne Boulevard, Suite 800

Address

Miami, Florida 33131

City, State and Zip Code

shagen@harpermeyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven H. Hagen

at (305) 577-3443

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, 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

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

1. Claridge Homes (101 Hotel) 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 L.L.L.P.

2. 505 Preston Street, 2nd Floor

(Street address of initial designated office)

Ottawa, Ontario Canada K1S 4N7

3. Law Center of the Americas, LLC

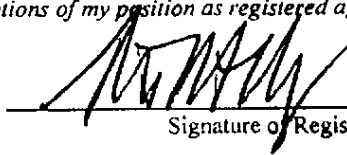
(Name of Registered Agent for Service of Process)

4. 201 S. Biscayne Boulevard, Suite 800

(Florida street address for Registered Agent)

Miami, Florida 33131

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.



Steven H. Hagen, Manager

Signature of Registered Agent

6. 505 Preston Street, 2nd Floor

(Mailing address of initial designated office)

Ottawa, Ontario Canada K1S 4N7

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

8. Name and business address of each general partner:

Name:

Business Address:

Claridge Homes (101 Hotel) LLC

505 Preston Street, 2nd Floor

Ottawa, Ontario Canada K1S 4N7

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 14th 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.

Claridge Homes (101 Hotel) LLC

By: Steven H. Hagen, Authorized

Signatory



**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**