

A23000000141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

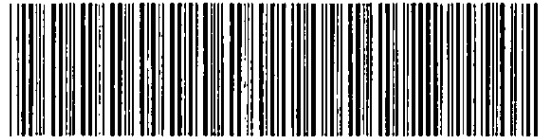
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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S. FRANKLIN

MAR 23 2023

RECEIVED  
2023 MAR 22 AM 11:02  
PROCTER & KENDRICK  
TALLAHASSEE, FLORIDA

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 602813 8300201

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 1001.25

ORDER DATE : March 21, 2023

ORDER TIME : 9:0 AM

ORDER NO. : 602813-010

CUSTOMER NO: 8300201

DOMESTIC FILING

NAME: N.E.S.G PROPERTIES LP

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** N.E.S.G Properties 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:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

CR2E030 (6/17)

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


1. N.E.S.G Properties 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. 2860 W State Road 84, Fort Lauderdale, Florida, 33312  
(Street address of initial designated office)

3. George Warash  
(Name of Registered Agent for Service of Process)

4. 2860 W State Road 84  
(Florida street address for Registered Agent)  
Fort Lauderdale, Florida, 33312

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. 2860 W State Road 84, Fort Lauderdale, Florida, 33312  
(Mailing address of initial designated office)

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:

Stabile & Di Marco Properties LLC

2860 W State Road 84

Fort Lauderdale, Florida, 33312

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 20th 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**