

A2300000155

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000126478 3)))



H230001264783ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305)789-3200  
Fax Number : (305)789-4137

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

Email Address: elaine.santiago@cornerstonegrp.com

RECEIVED

2003 APR -4 PM 3:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP  
AVELINE ASSOCIATES, LTD.**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

W23000046173  
A2300000155

RECEIVED  
TALLAHASSEE, FL

2003 APR -4 PM 3:38

FILED

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

1. Aveline Associates, Ltd.  
(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. 2100 Hollywood Blvd.  
(Street address of initial designated office)  
Hollywood, FL 33020

3. Leon J. Wolfe  
(Name of Registered Agent for Service of Process)

4. 2100 Hollywood Blvd.  
(Florida street address for Registered Agent)  
Hollywood, FL 33020

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. 2100 Hollywood Blvd.  
(Mailing address of initial designated office)  
Hollywood, FL 33020

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

FILED  
2023 APR -4 PM 3:38  
TALLAHASSEE, FL

8. Name and business address of each general partner:

Name:

Business Address:

Cornerstone Aveline, LLC

2100 Hollywood Blvd.

Hollywood, FL 33020

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 3rd day of April 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.

Leon J. Wolfe

[Signature]

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75