

To:

Page: 2 of 4

2023-04-17 17:23:23 GMT

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From: Saidin M

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (786)269-0183
Fax Number : (786)513-3264

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/LLP

Rimi Investments Ltd

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,000.00 |

M. SOLOMON

APR 18 2023

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

1. Rimi Investments, 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 LLP.

2. 2600 S Douglas Road Ste PH8

(Street address of initial designated office)

Coral Gables FL 33134

3. Saidin M Hernandez, Esq.

(Name of Registered Agent for Service of Process)

4. 2600 S Douglas Road Ste PH8

(Florida street address for Registered Agent)

Coral Gables FL 33134

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. 2600 S Douglas Road Ste PH8

(Mailing address of initial designated office)

Coral Gables FL 33134

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

SECRETARY OF STATE
OFFICE OF HASSIE R. HODGINS

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8. Name and business address of each general partner:

Name:Business Address:

Michele Casarano

2600 S Douglas Road Ste PH8

Coral Gables FL 33134

Rita Rispetti

2600 S Douglas Road Ste PH8

Coral Gables FL 33134

CLERK OF
DEPARTMENT OF STATE
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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 17 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.

[Signature]
as attorney in fact
for general partners.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75