

A23000000250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

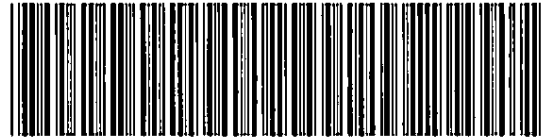
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL

46

2023 MAY 15 PM 2:03

CLERK OF FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: GLINDA 5/15

☐ **CERTIFIED COPY**

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XX **FILING**

LP

1. GEM PROPERTIES AND INVESTMENTS LP

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

1. GEM Properties and Investments 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. 8356 SE Croft Cir #1

(Street address of initial designated office)

Hobe Sound, FL 33455

3. Tara L. Duval

(Name of Registered Agent for Service of Process)

4. 8356 SE Croft Cir #1

(Florida street address for Registered Agent)

Hobe Sound, FL 33455

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. 8356 SE Croft Cir #1

(Mailing address of initial designated office)

Hobe Sound, FL 33455

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

SECRETARY OF STATE
TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

11771528 Corp

8356 SE Croft Cir #1

Hobe Sound, FL 33455

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.

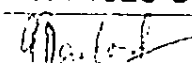
Signed this 10th day of May, 2023

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.

11771528 Corp

11771528 Corp





Tara L. Duval, President

Jose Carlos Portal Turruellas, Vice-President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75