

A23000000286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

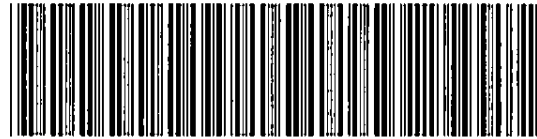
(Document Number)

Certified Copies \_\_\_\_\_

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

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Office Use Only



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2023 JUN -7 PM 1:04

2023 JUN -7 AM 11:21

JUN 06 2023

Brumley

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 796695 4301184

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 1052.50

ORDER DATE : June 6, 2023

ORDER TIME : 8:46 AM

ORDER NO. : 796695-010

CUSTOMER NO: 4301184

DOMESTIC FILING

NAME: CAMA REALTY COMPANY LP

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAMA REALTY COMPANY 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:

Michael A. Zimmerman  
Contact Person  
Law Offices of Michael A. Zimmerman  
Firm/Company  
600 Third Avenue, 35th Floor  
Address  
New York, New York 10016  
City, State and Zip Code  
Michael@mazimmermanlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Zimmerman at ( 212 ) 247-7272  
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. CAMA REALTY COMPANY 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. c/o Mr. Daniel Hershkovitz  
(Street address of initial designated office)  
7797 Golf Circle, #105, Margate, Florida 33063

3. Mr. Daniel Hershkovitz  
(Name of Registered Agent for Service of Process)

4. 7797 Golf Circle, #105  
(Florida street address for Registered Agent)  
Margate, Florida 33063

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.*

Daniel Hershkovitz

Dany H  
Signature of Registered Agent

6. 7797 Golf Circle, #105  
(Mailing address of initial designated office)  
Margate, Florida 33063

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

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8. Name and business address of each general partner:

Name:

Business Address:

CAMA MANAGEMENT COMPANY LLC

c/o Mr. Daniel Herskovitz

7797 Golf Circle, #105

Margate, Florida 33063

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 \_\_\_\_\_ day of June, 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..

CAMA MANAGEMENT COMPANY LLC

By

Dan H

Daniel Herskovitz

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**