	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



400409888554

06/20/23--01005--008 **1000.00



M. SOLOMON JUN 2 1 2023

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

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

		WALKIN	
	PICI	K UP: Cat 6/20	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LP	
1.	CAPSTONE REAL ESTA (CORPORATE NAME AND DOCU		
	(CORPORATE NAME: AND DOCU	MEN I #)	
2.	(CORPORATE NAME AND DOCU	MENT #)	
3.			
	(CORPORATE NAME AND DOCU	MENT #)	
4.	(CORPORATE NAME AND DOCU	MENT #)	
5.			
	(CORPORATE NAME AND DOCU	MENT #)	
6.	(CORPORATE NAME AND DOCU	IMENT #)	
SPECIA INSTRU	AL UCTIONS:		

2023 JUN 20 AM 9: 00

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Li Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partn suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
6837 Chase Rd.	
(Street address of initial designated office)	
Dearborn, MI 48126	<u>*-</u> -
Brent Green	12 12 17
(Name of Registered Agent for Service of Process)	
23781 US Hwy. 27, Ste. 210	;- :-
(Florida street address for Registered Agent)	<u> </u>
Lake Wales, FL 33589	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag with the provisions of all statutes relative to the proper and complete performance of my duties, and I with and accept the obligations of my position as registered agent.	
/s/ Brent Green	
/s/ Brent Green Signature of Registered Agent	
Signature of Registered Agent	

Page 1 of 2

8. Name and business address of ea Name:	ch gener	ral partner: Business Address	<u>.</u>		
MARK III ENTERPRISES Corp		6837 Chase Rd.			
		Dearborn, MI 48126	3		
	_				
	_				
				-	
	_				NOF 6203
				는 145 145 145	JUN 2
	_			47338 40 A.	O AH
				STAI	0 :5
	_			Çm	0
9. Effective date, if other than the d (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this block this date will not be listed as the doc	or more t ck does i	<i>han 90 days after t</i> not meet the applic	able statutory filing require	ements,	-
Signed this 16th	_ day of	June	2023		
Signature of each general partner: I/herein are true. I/We am/are aware t Department of State constitutes a thi	hat any f ird degre	false information si se felony as provide	abmitted in a document to t ed for in s.817.155, F.S.		
MARK III ENTERPRISES Corp /s/ Gary Semeniuk	_	MARK III ENTER			
·	_		· · · · · · · · · · · · · · · · · · ·		
Gary Semeniuk, President	_	Gina Semeniuk,	Vice-President		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000 \$52.50 \$8.75	-	and \$35 Registered Agent Fee)		

Page 2 of 2