

# A23000000317

## 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.**

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H230002214283ABCY

**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 : 120060000135  
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: \_\_\_\_\_

RECEIVED

2023 JUN 21 AM 11:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### FLORIDA/FOREIGN LP/LLLP

ND Flex Partners, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN 21 AM 8:30

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ND Flex Partners, 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:

Brian McDonough

Contact Person

Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.

Firm/Company

150 West Flagler Street, Suite 2200

Address

Miami, Florida 33130

City, State and Zip Code

bmcDonough@stearnsweaver.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian McDonough

at (305) 789-3350

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

CR2E030 (6/17)

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

1. ND Flex Partners, 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.P., or LLLP.

2. 382 NE 191st Street, Suite 31904

(Street address of initial designated office)

Miami, Florida 33179

3. Brian McDonough

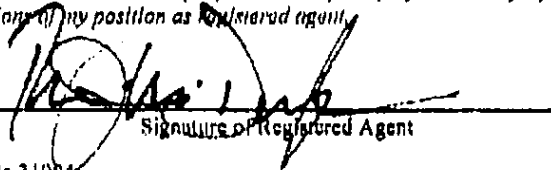
(Name of Registered Agent for Service of Process)

4. 150 West Flagler Street, Suite 2200

(Florida street address for Registered Agent)

Miami, Florida 33130

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. 382 NE 191st Street, Suite 31904

(Mailing address of initial designated office)

Miami, FL 33179

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

2023 JUN 21 AM 8:29  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

## 8. Name and business address of each general partner:

Name:Business Address:

McCurdy Waterview, LLC

c/o McCurdy Senior Housing Corporation

306 SW 10th Street

Belle Glade, FL 33430

## 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 21st 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.

Joseph J. Luskman, Pres.

McCurdy Waterview, LLC by  
McCurdy Senior Housing Corporation

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75