

A23000000400

Matthew Rieger

(Requestor's Name)

3325 Aviation Ave 6th Floor

(Address)

(Address)

Coconut Grove, FL 33133

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

HTG Vista, LTD

(Business Entity Name)

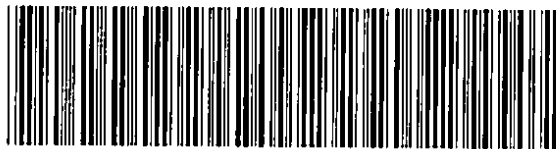
(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL 27 PM 4:39 2023 JUL 27 PM 3:44

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TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

JUL 27 2023
K. Brumby



July 27, 2023

VIA EMAIL

Department of State
Division of Corporations
Corporate Filings
limitedonline@dos.state.fl.us

RE: RELEASE OF NAME

To whom it may concern,

The purpose of this letter is to serve as confirmation to release the use of the name HTG VISTA, LLC a Florida limited liability company, Document number L20000322569, so that it may be used and associated with Document Number W23000102783. This entity is dissolved and will not be reinstated.

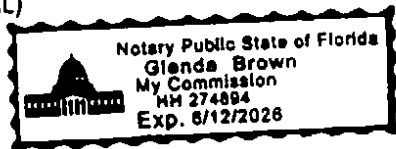
Sincerely,
HTG VISTA, LLC

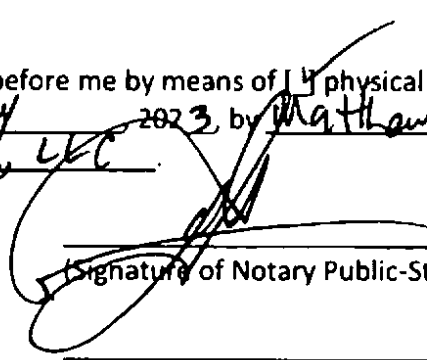

Matthew Rieger, Manager

STATE OF FLORIDA
COUNTY OF MIAMI DADE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 27 day of July, 2023, by Matthew Rieger as Manager for HTG Vista, LLC.

(NOTARY SEAL)




(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, Or Stamped)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. HTG Vista, 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 LLLP.

2. 3225 Aviation Avenue, 6th Floor

(Street address of initial designated office)

Coconut Grove, FL 33133

3. Matthew Rieger, P.A.

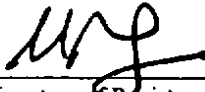
(Name of Registered Agent for Service of Process)

4. 3225 Aviation Avenue, 6th Floor

(Florida street address for Registered Agent)

Coconut Grove, FL 33133

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. 3225 Aviation Avenue, 6th Floor

(Mailing address of initial designated office)

Coconut Grove, FL 33133

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 27 PM 4:39

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8. Name and business address of each general partner:

Name:

Business Address:

HHA Vista, Inc.

7350 Davie Rd. Extension

Hollywood, FL 33024

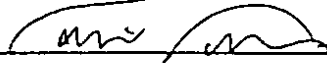
9. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 26th day of July, 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.

David Dweck



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75