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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA/FOREIGN LP/LLLP Archway Flats on 4th, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

Electronic Filing Menu Corporate Filing Menu

Help

## 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 Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.
The state of the s
2. 7575 Dr. Phillips Blvd #390
(Street address of initial designated office)
Orlando, FL 32819
3. Brett Green
(Name of Registered Agent for Service of Process)
44
(Florida street address for Registered Agent)
Orlando, FL 32819
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position as registered agent.
/s/ Brett Green
Signature of Registered Agent
6 7575 Dr. Phillips Blvd #390
(Mailing address of initial designated office)
Orlando, FL 32819
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

Name:	each general partner: Business Address:		
Flats on 4th, LLC	7575 Dr. Phillips Blv	7575 Dr. Phillips Blvd #390	
	Orlando, FL 32819		
	<del></del>	<del></del>	
9. Effective date, if other than the	date of filing:		
(Effective date cannot be prior to nather Florida Department of State.)  Note: If the date inserted in this bloom that will not be listed as the do	ock does not meet the applic	cable statutory filing requiremen	
Signed this 31st	day of	2023	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a th	/We submit this document a that any false information s	submitted in a document to the led for in s.817.155, F.S. neral Partner	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee a \$52.50 \$8.75	and \$35 Registered Agent Fee)	

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