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

Office Use Only



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08/08/23--01001--001 **1052.50



S. ROBERTS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Two Point FL LP	
Name of Florida Limited 1	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partne	rship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
Janna Mateo, Esq.	
Contact Person	
Ainsworth & Clancy PLLC	
Firm/Company	
801 Brickell Ave., 8th Floor	
Address	
Miami, FL 33131	
City, State and Zip Code	
info@business-esq.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Janna Matco, Esq.	_at (305)600-3816
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
S1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fe and Certificate of Status	es \$1,052.50 Filing Fees S1,061.25 Filing Fees, and Certified Copy 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

Two Point FL LP 1
Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership
suffixes: Limited Lubility Limited Partnership, L.L.L.P. or LLLP.
2. 1100 Brickell Bay Drive #310747
(Street address of initial designated office)
Miami, FL 33231
3. Ainsworth & Clancy PLLC
(Name of Registered Agent for Service of Process)
801 Brickell Ave., 8th Floor
(Florida street address for Registered Agent)
Miami, FL 33131
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent.
Javaltato
Signature of Registered Agent
6 1100 Brickell Bay Drive #310747
(Mailing address of initial designated office)
Miami, FL 33231
7. If limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2

Name and business address of each Name;		usiness Add	ress:	
Two Point FL GP Inc.	11	100 Brickell B	ay Drive #310747	
	- — M	liami, FL 3323	1	
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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 blo this date will not be listed as the doc	or more th ck does no	an 90 days of meet the a	after the date the document is fil applicable statutory filing requir	ement
Signed this 27th	day of	July	2023	_
Signature of each general partner: In herein are true. I/We am/are aware to Department of State constitutes a th	We subm	it this docur	nent and affirm that the facts station submitted in a document to	ited the
Arun Sayal, President of Two Point FL GP	Inc.			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000. \$52.50 \$8.75	00 (\$965 Filir	ng Fee and S35 Registered Agent Fee)	_

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