

A2300000429

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
840 SE 22ND AVE, LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. 840 SE 22nd Ave, 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.L.P. or LLLP.*

2. 34 Seneca Road
(Street address of initial designated office)
Sea Lakes Ranch, FL 33308

3. Veroushka Volkert
(Name of Registered Agent for Service of Process)
4. 34 Seneca Road
(Florida street address for Registered Agent)
Sea Lakes Ranch, FL 33308

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.*

/s/ Veroushka Volkert

Signature of Registered Agent

6. 34 Seneca Road
(Mailing address of initial designated office)
Sea Lakes Ranch, FL 33308

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

8. Name and business address of each general partner:

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Name:Business Address:

Veroushka Volkert

34 Seneca Road

Sea Ranch Lakes, FL 33308

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 10th day of August, 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.

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

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