A230000000493

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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APPROVED

RECEIVED

Rutledge | Ecenia

119 S. Monroe Street, Suite 202 Tallahassee, Florida 32301

> P.O. Box 551 Tallahassee, Florida 32302

September 12, 2023

By Hand Delivery

Florida Department of State Division of Corporations Registration Section Florida Department of State 2415 North Monroe Street, Suite 810 Tallahassee, Florida 32303

Re: Filing of Certificate of Limited Partnership for HTG Union Baptist, Ltd.

To Whom it May Concern:

Enclosed for filing is a Certificate of Limited Partnership for HTG Union Baptist, Ltd. Please process the attached and provide a Certificate of Status. Also enclosed is a check in the amount of \$1,008.75 to cover the filing and Certificate of Status fees. We will pick up the documentation when it is ready.

Please do not hesitate to call me at 850-727-9198 or email me at <u>tana@rutledge-ecenia.com</u> should you have any questions or if any additional information is needed. Thank you for your assistance.

Sincerely, Tana D. Storey

Tana D. Storey

TDS/vw enclosures September 13, 2023

VIA EMAIL

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314 Attention: Melanie Solomon Senior Section Administrator

RE: HTG Union Baptist, Ltd. and HTG Union Baptist, LLC Same Principals

Document Number:

Registration Section

Entity Name: HTG Union Baptist, Ltd.

Dear Ms. Melanie Solomon,

The purpose of this letter is to serve as confirmation that the principals of HTG Union Baptist, Ltd. (Limited Partnership) and HTG Union Baptist, LLC (Limited Liability Company) are the same. Please complete the filing for document \(\frac{125000419086}{2000419086}\) (for HTG Union Baptist, Ltd.) so that it may be used.

Sincerely,

HTG Union Baptist, LLC

Matthew Rieger, Manager

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AND

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

| Partnership suffix | Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited es: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership Liability Limited Partnership, L.L.L.P. or LLLP. | | | |
|--------------------|--|--|--|--|
| 2. | 3225 Aviation Ave., 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) | | | |
| 1 . | 3225 Aviation Ave., 6th Floor | | | |
| | (Florida street address for Registered Agent) | | | |
| | | | | |
| • | Coconut Grove, FL 33133 | | | |
| with the provision | Coconut Grove, FL 33133 ept the appointment as registered agent and agree to act in this capacity. I further agree to constant of all statutes relative to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent. Signature of Registered Agent | | | |
| with the provision | ept the appointment as registered agent and agree to act in this capacity. I further agree to co. ns of all statutes relative to the proper and complete performance of my duties, and I am famil the obligations of my position as registered agent. | | | |
| vith the provision | ept the appointment as registered agent and agree to act in this capacity. I further agree to constant of all statutes relative to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent. Signature of Registered Agent | | | |

Page 1 of 2

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FILED

| 8. Name and business address of each Name: | h general partner: Business Address: | |
|---|---|-------------------|
| The Union Missionary Baptist Church, In | nc. 3900 Broadway | _ |
| Ooc. Number: 711055 | W Palm Beach, FL 33407 | _ |
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| the Florida Department of State.) Note: If the date inserted in this block | te of filing: more than 90 days after the date the document is file k does not meet the applicable statutory filing requirement's effective date on the Department of State's r | rement |
| Signed this <u>11th</u> | day of September , 2023 | - |
| herein are true. I/We am/are aware the | Ve submit this document and affirm that the facts state at any false information submitted in a document to d degree felony as provided for in s.817.155, F.S. | ated the |
| Certified Copy (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 | _ |

Page 2 of 2