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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

mail Address: arichards@shumaker.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

Correia USA Holdings LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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

1.	Correia USA Holdings LP
	<small>(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.P. or LLLP.)</small>
2.	4390 Caldera Circle Naples, Florida 34119
	<small>(Street address of initial designated office)</small>
	Michael H. Robbins
3.	<small>(Name of Registered Agent for Service of Process)</small>
	101 East Kennedy Blvd., Suite 2800, Tampa, Florida 33602
4.	<small>(Florida street address for Registered Agent)</small>
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.
	<small>Designated by:</small> Michael Robbins <small>Signature of Registered Agent</small>
6.	4390 Caldera Circle Naples, Florida 34119
	<small>(Mailing address of initial designated office)</small>
7.	If limited partnership elects to be a limited liability limited partnership, check box <input type="checkbox"/>

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8. Name and business address of each general partner:

Name:

Business Address:

Correia USA Holdings GP Inc.

4390 Caldera Circle

Naples, Florida 34119

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

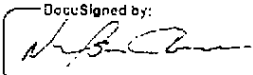
9. Effective date, if other than the date of filing: N/A

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 29th day of February, 2024

Signature of each general partner:

Correia USA Holdings GP Inc.

By: 
 Nelson Correia, President

Signature of each general partner: I submit this document and affirm that the facts stated herein are true. I am 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
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