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NAME: NSRS HOLDING LP

TYPE OF FILING: CERT. LIMITED PARTNERSHIP

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NSRS HOLDING LP		
	tnership or Limi	ted Liability Limited Partnership
The enclosed Certificate of Limited Partnersh		-
Please return all correspondence concerning the	his matter to:	
Kenneth Noble		
Contact Person		_
Noble Law Firm, P.A.		
Firm/Company	 _	-
6830 N. Federal Hwy.		
Address		_
Boca Raton, FL 33487		
City, State and Zip Code		-
ray@noblelawfirmpa.com		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter	, please call:	
Kenneth Noble	1 (561	353-9300
Name of Contact Person	Area Code an	d Daytime Telephone Number
Enclosed is a check for the following amount:		·
S1,000.00 Filing Fees S1,008.75 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee) S1,008.75 Filing Fees S1,008.75 Filing Fees Status	\$1,052.50 Filing and Certified (ng Fees S1,061.25 Filing Fees, Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	Registra Division P. O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314

CR2E030 (6/17)

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

2. 10710 Old Hammock Way (Street address of initial designated office) Wellington, FL 33414
(Street address of initial designated office)
Wellington, FL 33414
Noble Law Firm, P.A. (Name of Registered Agent for Service of Process) 6830 N. Federal Hwy.
(Name of Registered Agent for Service of Process)
6830 N. Federal Hwy.
(Florida street address for Registered Agent)
Boca Raton, FL 33487
. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fan with and accept the obligations of my position as registered agent.
Signature of Registered Agent
10710 Old Hammock Way
(Mailing address of initial designated office)
Wellington, FL 33414

Page 1 of 2

8. Name and business address of each Name:	Business Address:	
NSRS Managment LLC	10710 Old HAmmock Way	
	Wellington, FL 33414	-
	·	
 Effective date, if other than the date 	of tiling:	
Effective date cannot be prior to nor n he Florida Department of State.) Note: If the date inserted in this block o	nore than 90 days after the date the document is filed does not meet the applicable statutory filing requirer nent's effective date on the Department of State's red	men
Signed this d	ay of	
Signature of each general partner: I/We serein are true. I/We am/are aware that	submit this document and affirm that the facts state any false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Manager of NSRS Managenewi ccc	ne
Certified Copy (optional): \$5	,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 52.50	