A24000000158

(Requestor's Name)
(Address)
(Address)
(1881.888)
(City/State/Zip/Phone #)
PICK-UP WAIT MARL
(Dusiness Fality Manya)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24-50078

Office Use Only



700425451897

MAR 29 2024 K. Brumbley





March 28, 2024

CAPITAL CONNECTION

SUBJECT: INVESTO REA 9 LP Ref. Number: W24000050078

We have received your document for INVESTO REA 9 LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 024A00006729

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2024 HAR 29 PM 1: 4

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVESTO REA 9 LP	
Please Debit FCA000000003 For: 1000	
Thank you Seth Neeley	
1.4.	
- H	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ait, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
4	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

CR2E030 (6/17)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INVESTO REA 9 LP	
Name of Florida Limited Partnership or Limited Liability L	imited Partnership
The enclosed Certificate of Limited Partnership and fees are submitted	for filing.
Please return all correspondence concerning this matter to:	
Amy Marie Vo. Esq.	
Contact Person	
Vo Law	
Firm/Company	
97 Orange Street	
Address	
St. Augustine, Florida 32084	
City, State and Zip Code	
amy@volaw.us	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Amy Marie Vo. Esqat (_904) _815-0001	
Name of Contact Person Area Code and Daytime Te	dephone Number
Enclosed is a check for the following amount:	
	\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDR Registration Section Division of Corpor Division of Corpor Tallahassee, FL 32301	on rations

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

INVESTO REA 9 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.I. L.P. or LLLP.
2. 7th Jabotinsky St., Moshe Aviv Tower, floor 40
(Street address of initial designated office)
Ramat Gan 5252007 IL
3. Amy Marie Vo, Esq.
(Name of Registered Agent for Service of Process)
97 Orange Street 4.
(Florida street address for Registered Agent)
St. Augustine, Florida 32084
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.
Signature of Registered Agent
97 Orange Street 6.
(Mailing address of initial designated office)
St. Augustine, Florida 32084
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

<u>Name:</u>	. Name and business address of each general partner: Same: Business Address:				
INVESTO CAPITAL LLC		7th Jabotinsky St., Mo	oshe Aviv Tower, floor 40		
		Ramat Gan 5252007 IL			
					
9. Effective date, if other than the	date of fili	ing:	-		
(Effective date cannot be prior to n the Florida Department of State.)	or more th	han 90 days after th	ne date the document is filed	by	
Note: If the date inserted in this blothis date will not be listed as the do					
0: 11: 26th		March	2024		
Signed this 26th	day of_	March			
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	that any fa	alse information su	bmitted in a document to the		
	_	• r			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.0 \$52.50 \$8.75	00 (\$ 965 Filing Fee ar	nd \$35 Registered Agent Fee)		

Page 2 of 2