

5/13/24, 4:22 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : I20190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

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

Email Address: contact@medeirosouza.com

FLORIDA/FOREIGN LP/LLLP AC - SMART DEVELOPMENT LP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,008.75

RECEIVED
2024 MAY 13 PM 4:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY 13 PM 8:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AC - SMART DEVELOPMENT LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Rubem Souza

Contact Person

MEDEIROS SOUZA CORP

Firm/Company

1711 Amazing Way Ste 213

Address

Ocoee, FL, 34761

City, State and Zip Code

contact@medeirosouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza

at (407) 3268484

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☒ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$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 ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

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

1. AC - SMART DEVELOPMENT 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 L.L.P.

2. 1711 Amazing Way Ste 213, Ocoee, FL, 34761

(Street address of initial designated office)

3. MEDEIROS SOUZA CORP

(Name of Registered Agent for Service of Process)

4. 1711 AMAZING WAY STE 213, OCOEE, FL, 34761

(Florida street address for Registered Agent)

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.*

RL

Signature of Registered Agent

6. 1711 Amazing Way Ste 213, Ocoee, FL, 34761

(Mailing address of initial designated office)

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

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TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:Business Address:

CA - SMART GROWTH CORP

1711 Amazing Way Ste 213, Ocoee, FL, 34761

9. Effective date, if other than the date of filing: 05/13/2024*(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 13th day of May, 2024

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.

RL

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75