A24000000285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

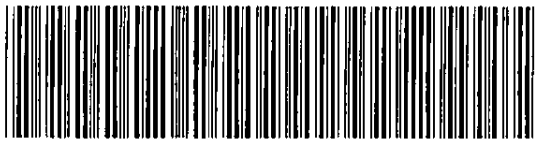
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2024

K. Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: $1,000.00 ($965 Filing Fee & $35 RA fee)
Authorization Signature:

Business Name: **WATERVIEW PARTNERS LLLP**

Document #

___Certified Copy
___Certificate of Status

NEW FILINGS	&	**AMENDMENTS**
___Profit Corp		___Amendment
___Not for Profit		___Resignation / Dissociation
___Limited Liability		___Change of Registered Agent
___Domestication		___Revocation of Dissolution
_X__LLLP		___Merger
___Corp		___Articles of Conversion
___Inc		___Amended & Restated Articles of Incorporation
___Other		___Statement of Authority

APOSTILLE(s)	&	**OTHER FILINGS**
___Apostille(s)		___Foreign Filing
		___Reinstatement
		___Qualification
___Country(s)		___Fictitious Name
		___Annual Report

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERVIEW PARTNERS LLLP
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:

Sandra Z. Green, Esq.
Contact Person

JONATHAN H. GREEN & ASSOCIATES, P.A.
Firm Company

901 Ponce de Leon Boulevard, Suite 601
Address

Coral Gables, Florida 33134
City, State and Zip Code

szg@jhglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green at (305) 372-5100
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $1,020.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- [ ] $1,068.75 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. WATERVIEW PARTNERS LLLP

(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 LLLP*

2. 382 NE 191 Street, Suite 31904

(Street address of initial designated office)

Miami, Florida 33179

3. JONATHAN H. GREEN & ASSOCIATES, P.A.

(Name of Registered Agent for Service of Process)

4. 901 Ponce de Leon Boulevard, Suite 601

(Florida street address for Registered Agent)

Coral Gables, Florida 33134

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

6. 382 NE 191 Street, Suite 31904

(Mailing address of initial designated office)

Miami, Florida 33179

7. If limited partnership elects to be a limited liability limited partnership, check box [X].

2021 [illegible] 12 PM 12:[illegible]

8. Name and business address of each general partner:

Name:	Business Address:
SUN FOUNDATION, INC.	382 NE 191ST ST
	SUITE 31904
	MIAMI, FL 33179

9. Effective date, if other than the date of filing: _____

(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 12th day of JUNE 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.

Filing Fees: **$1,000.00** ($9(65 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**