

PLEASE FILE TOGER WITH **PC2 CYPRESS, LLC (GP)**
 REQUEST ORIGINAL FILING DATE 6-13-2024

Florida Department of State

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

Email Address: Cory@pinnaclehousing.com

FLORIDA/FOREIGN LP/LLLP
 Pinnacle at Cypress, LLLP

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June 14, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN, LLP

SUBJECT: PINNACLE AT CYPRESS, LLLP
REF: W24000090626

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

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

KYLE D BRUMBLEY FAX Aud. #: E24000207325
Regulatory Specialist II Supervisor Letter Number: 724A00013015
Registration Section

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

1. Pinnacle at Cypress, 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. 9100 SOUTH DADELAND BOULEVARD, SUITE 700
(Street address of initial designated office)
Miami, Florida 33156

3. CORPORATION COMPANY OF MIAMI
(Name of Registered Agent for Service of Process)

4. 200 S. Biscayne Blvd. (RXC), Suite 4100
(Florida street address for Registered Agent)
Miami, FL 33131

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 Alfred G. Smith, President

6. 9100 SOUTH DADELAND BOULEVARD, SUITE 700
(Mailing address of initial designated office)
Miami, Florida 33156

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

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8. Name and business address of each general partner:

Name:Business Address:

PC2 Cypress, LLC

9100 SOUTH DADELAND BOULEVARD, SUITE 700

Miami, Florida 33156

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 11th 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.

David O. Deutch, President
PC2 Cypress, LLC
Name: David O. Deutch
Title: President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Page 2 of 2

(((H24000207325 3)))