

A240000000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

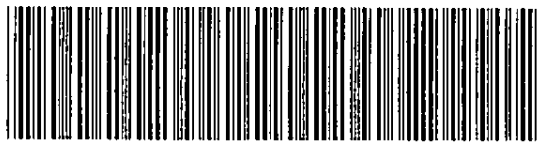
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUN 14 PM 4: 57

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2024 JUN 19 PM 4: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(850) 524-5437  
(850) 524-6243  
(850) 491-9625

Please see the check attached, total amount: \$1,000.00 (\$965 Filing Fee & \$35 RA Fee)

Authorization Signature: 

Business Name: CALUSA RIVER, LLLP

Document #

Certified Copy

Certificate of Status

**NEW FILINGS**

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

CORP

Other

Other

**OTHER FILINGS**

Apostille

Country

**AMMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Articles of Conversion

Restated Articles of Incorporation

Statement of Authority

**REGISTRATION/QUALIFICATIONS**

Foreign Filing

Reinstatement

Qualification

Annual Report

Fictitious Name

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CALUSA RIVER, 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:

- \$1,000.00 Filing Fees (S965 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

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

1. CALUSA RIVER, 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.

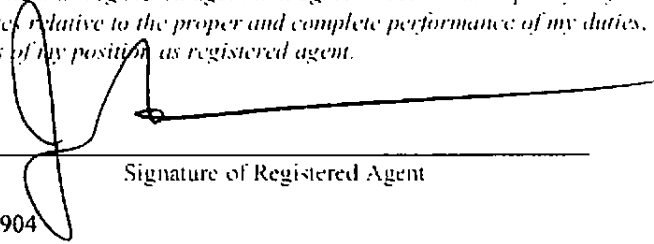
(Name of Registered Agent for Service of Process)

4. 901 Ponce de Leon Boulevard, Suite 601

(Florida street address for Registered Agent)

Coral Gables, Florida 33134

5. *Thereby 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 .

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN 14 PM 4:57

8. Name and business address of each general partner:

Name:

Business Address:

Silver King, LLC

382 NE 191ST ST

SUITE 31904

MIAMI, FL 33179

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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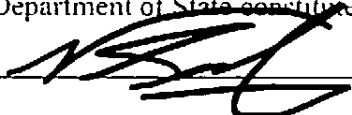
9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**