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.

(((H24000218652 3)))



H240002186523ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420

: (561)650-0728 Phone

Fax Number : (561)671-2527

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

khoving@gunster.com Email Address:

FLORIDA/FOREIGN LP/LLLP THE 2024 PARTNERSHIP, LLLP

أرذاك فالتشرقين ويرافنا بطيف وتوان والتقيانات والمنافية والمنافية	
Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

Electronic Filing Menu Corporate Filing Menu

Help



From: Terry Seemann

H24000218652

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

I. THE 2024 PARTNERSHIP, 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. 180 FOUNTAIN PARKWAY N, SUITE 100 (Street address of initial designated office)		
ST. PETERSBURG, FL 33716		
	•	
3. FANELLI LAW FIRM, P.A. (Name of Registered Agent for Service of Process)	,	
4. 180 FOUNTAIN PARKWAY N. SUITE 100	-	
(Florida street address for Registered Agent)		
ST. PETERSBURG, FL 33716	24	Y'S
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.	JUH 25	ECRETARY SION OF CO
Cha Harallin	圣上	(A)
/Signature of Registered Agent	٠ <u>٠</u>	A SEE
6. 180 FOUNTAIN PARKWAY N, SUITE 100		70
(Mailing address of initial designated office)	-	
ST. PETERSBURG, FL 33716		
7. If limited partnership elects to be a limited liability limited partnership, check box		

Page 1 of 2

From: Terry Seemann

H24000218652

Ta

Name and business address of ca <u>Name:</u>	ch gener	eral partner: Business Address:		
SEMBLER INVESTMENTS REAL ESTATE PARTNERS, LL	<u>c</u>	18C FOUNTAIN PARKWAY N, SUITE 100		
		ST. PETERSBURG, FL 33716		
	_			
				
9. Effective date, if other than the date of f	iling;			
(Effective date cannot be prior to no filed by the Florida Department of S		than 90 days after the date the document is		
Signed this 25th day of	June	. 2024		
stated herein are true. I/We am/are a	iware the constit	mit this document and affirm that the facts at any false information submitted in a cutes a third degree felony as provided for in LC		
By: A				
Mark S. Sembler, Manager				
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	0.00 (\$965 Filing Fee and \$35 Registered Agent Fee)		