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To:

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

From:

Account Name	: COMPUTERSHARE
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Phone	: (561)694-8107
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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.

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3: 12 2: 12	FLORIÐA/FOREIGN LP/LLLP 751 DAVIS LP		
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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

751 DAVIS 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.P. or LLLP.

2. 9601 Collins Avenue, PH 407

(Street address of initial designated office)

Bal Harbour, FL 33154

3. Cody Lavy

(Name of Registered Agent for Service of Process)

9601 Collins Avenue, PH 407

(Florida street address for Registered Agent)

Bal Harbour, FL 33154

5. Thereby accept the appointment as registered agent and agree to act in this capacity. Thirther 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.

-DocuSigned by.

	- Lody Lowy
9601 C	follins Avenue, PH 407
	(Mailing address of initial designated office)
Bal Ha	rbour, FL 33154

Page 1 of 2

Name:	h general partner: <u>Business Address:</u>	
751 DAVIS MANAGER LP	9601 Collins Avenue, PH 407	
	Bal Harbour, FL 33154	

Effective date, if other than the date of filing:

Certificate of Status (optional):

(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 _____ day of _____ 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.

ody lang ข.พ.โลวมาจะ น่อว **Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50

\$8.75 Page 2 of 2