

AZ4000000453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

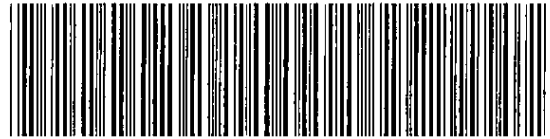
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 28 AM 8:01

2024 AUG 27 PM 2:46

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AUG 28 2024

< Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2024

CAPITAL CONNECTION

SUBJECT: ARS LIMITED PARTNERSHIP
Ref. Number: W24000122052

We have received your document for ARS LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is L18000271620.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 924A00019269

2024 AUG 28 PM 2:42
ALLAHSSCE, FLOA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARS 31 Limited Partnership

Please Debit FCA000000003 For: check

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ARS 31 LIMITED PARTNERSHIP

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1201 et. al., make the following certificate:

- ARS 31
1. The name of the limited partnership shall be: **LIMITED PARTNERSHIP.**
 2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.
 3. The street mailing address, location of the office and principal place of business for the limited partnership shall be 225A SOUTH GLADES TRAIL, PANAMA CITY BEACH, FL 32407.
 4. The name and business address of the general partner is RAS MANAGEMENT LLC, whose business address is 225A SOUTH GLADES TRAIL, PANAMA CITY BEACH, FL 32407.
 5. The partnership shall be perpetual.
 6. The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

O'CONNOR LAW FIRM
2240 BELLEAIR ROAD, SUITE 115
CLEARWATER, FL 33764

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 01 day of 08, 2024.

WITNESSES:

General Partner

RAS MANAGEMENT LLC, a Florida
limited liability company as general partner

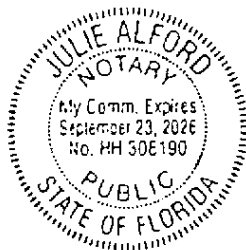
By:

ANANDKUMAR J. SHAH, its Manager

[Signature]
[Signature]

STATE OF FLORIDA)
COUNTY OF Bay) S.S.

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 1 day of August, 2024, by ANANDKUMAR J. SHAH as Manager of RAS MANAGEMENT LLC, as general partner, ~~on behalf of the ARS~~ 31 LIMITED PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced _____ as identification and did take an oath.



Julie Alford
Notary Public
State of Florida
My Commission Expires: 9/23/26

Acknowledgment of Registered Agent

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.1114 for said limited partnership.

O'CONNOR LAW FIRM
Registered Agent

By: _____

Adam T. Rauman, Esquire, for the firm