A2400000587

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
11)24-15:	3591	

Office Use Only



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FILED

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November 14, 2024

CSC

SUBJECT: GREAT BLUE OCEAN REALTY GROUP LP

Ref. Number: W24000153391

We have received your document for GREAT BLUE OCEAN REALTY GROUP LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The total amount due is \$1000.00.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Letter Number: 324A00024939

Karen A Saly Regulatory Specialist II

www.sunbiz.org

CO. CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 11/05/24 Order #: 1671842-2

Re: Great Blue Ocean Realty Group LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation Amount to be deducted from our State Account: State Account Number:

120000000195

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GREAT BLUE OCEAN REALTY OF	GROUP LP
	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
STEVEN D. FRANK, ESQ.	
Contact Person	
LAW OFFICES STEVEN D. FRANK	
Firm/Company	
880 MAIN STREET, 3RD FLR.	
Address	
WALTHAM MA 02451	
City, State and Zip Code	
SFRANK@HARRISONTRANS.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this mat	ter, please call:
STEVEN D. FRANK	at (617 9902025)
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314

CR2E030 (6/17)

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

I		
2		
(Street address of initial designated office)		
Corporation Service Company		
(Name of Registered Agent for Service of Process)		
4. 1201 Hays Street		
(Florida street address for Registered Agent)		
Tallahassee, FL 32301		
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I furt with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent. Corporation Service Company	and I am fa	miliar
		024
By: Signature of Registered Agent		
6. 9493 ITALIA WAY, NAPLES FL 33413		ANI FILE 2024 NOV 1.3
(Mailing address of initial designated office)		
		<u> </u>

8. Name and business address of each Name:	general partner: Business Address:
GP-Great Blue Ocean Realty Group L	LC 9493 ITALIA WAY, NAPLES FL 33413
,	

9. Effective date, if other than the date	
(t.jjective date cannot be prior to nor n the Florida Department of State.)	nore than 90 days after the date the document is filed by
	does not meet the applicable statutory filing requirements nent's effective date on the Department of State's records
6: L.1. 4TH	lay of
Signed this c	lay of
Signature of each general partner: I/We herein are thus I/We am/are aware that	e submit this document and affirm that the facts stated 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.
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	
Filing Fees: \$	1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$	52.50 8.75