A24000000667

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000423782 3)))

H24000423782ABC%

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

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

From:
Account Name : RASI 5
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

FILED
2024 DEC 30 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

Parikh Family Partnership

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,000.00

RECEIVED
2024 DEC 30 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

DEC 30 2024

FILED
2024 DEC 30 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Parikh Family Partnership

(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. 14250 Royal Harbour Court, Unit 615

(Street address of initial designated office)

Fort Myers, FL 33908

3. Registered Agent Solutions, Inc.

(Name of Registered Agent for Service of Process)

4. 2894 Remington Green Ln.Ste. A

(Florida street address for Registered Agent)

Tallahassee, FL 32308

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.*

Naomi Ostopowitz, Asst. Sec. on behalf of Registered Agent Solutions, Inc.

Signature of Registered Agent

6. _____

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

8. Name and business address of each general partner:

Name:	Business Address:
Amrishchandra K. Parikh	14250 Royal Harbour Court, Unit 615 Fort Myers, Florida 33908
Bharatiben A. Parikh	14250 Royal Harbour Court, Unit 615 Fort Myers, Florida 33908

FILED
2024 DEC 30 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ day of _____

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.

Amrishchandra K. Parikh Amrishchandra K. Parikh

Bharatiben A. Parikh Bharatiben A. Parikh

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75