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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

Alperstein Enterprises Limited Partnership

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER _____

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Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 2/20/25 TIME _____

Notes: _____

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

1. ALPERSTEIN ENTERPRISES LIMITED 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. 1031 SEMINOLE DRIVE, APT 921

(Street address of initial designated office)

FORT LAUDERDALE, FL 33304

3. FRANCINE ALPERSTEIN

(Name of Registered Agent for Service of Process)

4. 3792 NE 209 TERRACE

(Florida street address for Registered Agent)

AVENTURA, FL 33180

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.*

/s/ Francine Alperstein

Signature of Registered Agent

6. 3792 NE 209 TERRACE

(Mailing address of initial designated office)

AVENTURA, FL 33180

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:

ALPERSTEIN ENTERPRISES, INC.
a Florida corporation

1031 SEMINOLE DRIVE, APT. 921

FORT LAUDERDALE, FL 33304

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 20TH day of FEBRUARY, 2025

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.

/s/ Marian Alperstein, Pres., Alperstein Enterprises, Inc.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75