

A98000000704

Jason Cox

Requestor's Name

2686 SW Merrick Street

Address

Port St. Lucie Fl. 34953

City/State/Zip

Phone #

561-336-9633

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Name	317
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

CERTIFICATE OF LIMITED PARTNERSHIP

1. UTOPIA MANAGEMENT GROUP, "Ltd."
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2686 SW MERRICK ST. PSL, FL. 34953
(Business address of Limited Partnership)
3. JASON COX
(Name of Registered Agent for Service of Process)
4. 2686 SW MERRICK ST. PSL, FL. 34953
(Florida street address for Registered Agent)
5. JASON COX
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2686 SW MERRICK ST. PSL, FL. 34953
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: unstipulated
8. Name(s) of general partner(s): _____ Street address: _____

JASON COX

2686 SW MERRICK ST. PSL, FL. 34953

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

Signed this 12th day of MARCH, 19 98

Signature of all general partners:

JASON COX
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of CITOPIA Management
Group, "Ltd."
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 5,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5000.00

Signed this 12th day of MARCH, 19 98

FURTHER AFFIANT SAYETH NOT.

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

Jason Cox
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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