B210000392

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SEP 10 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: POMPANO BEACH PROPERTY, LP				
Name of Foreign Limited Partners	ership or Limite	d Liability I	imited Partnership	
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		to register a	foreign limited partnership or limited liability limi	
Adam Brookland				
Contact Person				
Eric P. Stein, P.A.				
Firm/Company				
1820 NE 163 Street, Suite 100				
Address				
North Miami Beach, FL 33162				
City, State and Zip Code				
DocService@epslaw.com				
E-mail address: (to be used for future annual report	t notification)			
For further information concerning this matter, pleas	e call:			
Adam Brookland	215	801-94	26	
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:				
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052,50 F and Certifi		■\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address:		Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT RUSINESS IN FLORIDA

TO TRANSACT BUSINESS IN FLORIDA $_{
m L}$ POMPANO BEACH PROPERTY, LP (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. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transbusiness in Florida; must contain acceptable suffix. 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: $\underline{87\text{-}1126324}$ 5. Name of Registered Agent for Service of Process and Florida Street Address: Eric P. Stein, Esq. 1820 NE 163 Street, Suite 100 North Miami Beach, FL 33162 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisi 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/ Eric P. Stein Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 4810 Jean-Talon West #408 4810 Jean-Talon West #408 Montreal, QC Montreal, QC H4P2N-5 CA P2N-5 CA 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Pompano Beach DE General Partner, LLC
Name of General Partner: Partner: Partner: Name of General Partner: Partner 4810 Jean-Talon West #408 Street Address: ___ Street Address: __ Montreal, QC H4P2N-5 CA 4810 Jean-Talon West #408 Mailing Address: Mailing Address: Montreal, QC H4P2N-5 CA Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's reco	der the date this document is filed by the Florida Department of State.) plicable statutory filing requirements, this date will not be listed as the ords. not more than 90 days prior to the delivery of this application to the
	her official having custody of the entity's records in the jurisdiction und
Signed this 6th day of July	,20 21
	Frankforter ture of ageneral partner
The individual signing this document affirms that the facts submitted in a document to the Department of State constitu	stated herein are true and the individual is aware that false information ites a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$52.50 \$8.75

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

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

2021 SEP 10 PH 1: 35



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "POMPANO BEACH PROPERTY, LP" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203604862

Date: 07-06-21



July 15, 2021

ADAM BROOKLAND ERIC P. STEIN, P.A. 1820 NE 163 STREET, SUITE 100 NORTH MIAMI BEACH, FL 33162

SUBJECT: POMPANO BEACH PROPERTY, LP

Ref. Number: W21000100929

We have received your document for POMPANO BEACH PROPERTY, LP and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The General Partner listed must have an active registration on http://www.sunbiz.org

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon Senior Section Administrator

Recid 21

Letter Number: 221A00016318