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(Requestor's Name)

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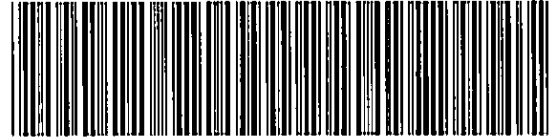
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/3/2021

NAME: HAKKAK-SHIPMAN FAMILY LIMITED PARTNERSHIP

TYPE OF FILING: APPLICATION

COST: 1,000.00 - Check is attached

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

* File Second *

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

FILED

2021 NOV -3 PM 1:00

ALTA ASSOCIATES, P.A.

1. HAKKAK-SHIPMAN FAMILY 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 LLP

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida, must contain acceptable suffix

2. DELAWARE

State or Country of Formation

3. JANUARY 2, 2015

Date of Formation

4. Federal Employer Identification Number 36-4801530

5. Name of Registered Agent for Service of Process and Florida Street Address:

ANDRE HAKKAK

8950 ARVIDA DRIVE

CORAL GABLES, FL 33156

6. 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.

Andre Hakkak
Signature of Registered Agent

7. Principal Office:

8950 ARVIDA DRIVE

CORAL GABLES, FL 33156

8. Mailing Address:

8950 ARVIDA DRIVE

CORAL GABLES, FL 33156

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: HAKKAK MANAGEMENT, INC

Name of General Partner _____

Street Address: 8950 ARVIDA DRIVE

Street Address: _____

CORAL GABLES, FL 33156

Mailing Address: 8950 ARVIDA DRIVE

Mailing Address: _____

CORAL GABLES, FL 33156

Name of General Partner _____

Street Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: _____

Name of General Partner _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

11. Effective date, if other than the date of filing. _____

(Effective date cannot be prior to nor more than 90 days after the date this 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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 1ST day of NOVEMBER, 2021



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that falsifying information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAKKAK-SHIPMAN FAMILY LIMITED PARTNERSHIP" 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 FIRST DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAKKAK-SHIPMAN FAMILY LIMITED PARTNERSHIP" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2015.

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

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2021 NOV -3 PM 1:00
DELAWARE SECRETARY OF STATE



5665937 8300

SR# 20213672264

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204567149

Date: 11-01-21