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09/29/22--01012--008 **1081.25



00T 20 2072 K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 29 Grados ORI, AL	TA LP				
Name of Foreign Limits	Same of Foreign Limited Partnership or Limited Liability Limited Partnership				
	s and fees are submitted to	register a foreign limited partnership or limited hability limited			
J. Douglas Sutter					
Contact Person		•			
Sutter & Kendrick, P.C.					
Firm'Company	<u></u>	-			
5858 Westheimer Road, Suite 68	8				
Address		-			
Houston, Texas 77057					
City, State and Zip Co	ode	-			
dsutter@ksklawyers.com		_			
E-mail address: (to be used for future annu	al report notification)				
For further information concerning this matter					
Van Nguyen	at 1 713	,595-6000			
Name of Contact Person	Area Code ai	nd Daytime Telephone Number			
Enclosed is a check for the following amoun	1.				
I \$1,000 00 Filing Fee II\$1,008 75 Filin (\$965 Filing Fee and S35 Registered Agent Fee)	-	og Fees \$\infty\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations 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 BUSINESS IN FLORIDA

29 Grados ORL ALTA LP

Acceptable Limited I	Partnership suffixes - Limited Partnership,	Limited Partnership, which must include suffix) Limited, I. P., LP or Ltd. iited Liability Limited Partnership, L.L.L.P or LLLP	
If name unavailable		p or limited liability limited partnership proposes to register to nust contain acceptable surfix.	transact
_{2.} Nevada		3. September 20, 2022	
St	ate or Country of Formation	Date of Formation	
4. Federal Employe	r Identification Number 92-039043	<u></u>	
5. Name of Register	ed Agent for Service of Process and Floa	rida Street Address:	
Registered Ag	ents Inc		
7901 4th Stree	et N., Suite 300		
St. Petersburg	3, Florida 33702		
 I hereby accept the of all statutes rela- ing position as reg 	uive to the proper and complete performat istered agent But H	ree to act in this capacity. I further agree to comply with the pice of my diales, and I am familiar with and accept the obligated. of Registered Agent	rovisions ions of
7 Principal Office:		8. Mailing Address:	
•		5555 San Felipe Street, Suite 1135	
Houston, Tex	as 77056	Houston, Texas 77056	
9 If limited partne	rship is a limited fiability limited partne	rship, check box I	FILE
• ,	Loffice address, and mailing address of a Partner: Capital Food Group GP i		
Street Address:	5555 San Felipe Street, Suite 1	135 Street Address:	
	Houston, Texas 77056		
Mailing Address	5555 San Felipe Street, Suite 1	135 Mailing Address:	
	Houston, Texas 77056		
Name of General	Partner	Name of General Partner:	
Street Adaress		Street Address	
Mailing Address		Mailing Address:	

Page 1 of 2

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 ap- document's effective date on the Department of State's rec 12. Attached is a certificate of existence duly authenticated	fer the date this document is filed by the Florida Department of plicable statutory filing requirements, this date will not be listed ords. Inout more than 90 days prior to the delivery of this application there official having custody of the entity's records in the jurisdiction.	d as the
Signed this 27th day of September	.20 22	
Sign	Robert A. Behar, M.D. MB	A, Manager P LLC
	stated herein are true and the individual is aware that false inforites a third degree felony as provided for in \$.817-155, F.S.	mation

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\$52,50 \$8,75

Filing Fees:

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, 29 Grados ORL ALTA LP, as a DOMESTIC LIMITED PARTNERSHIP (87A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/20/2022, and is in good standing in this state

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (87A) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202209273035306

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/27/2022.

Barbara K. Cegavske
BARBARA K CEGAVSKE
Secretary of State