

A16000000620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

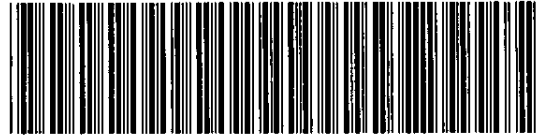
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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J. HARRIS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFFORDABLE LUXURY, L.P.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Francis M. Boyer

Contact Person

Boyer Law Firm, P.L.

Firm/Company

9471 Baymeadows Road, Suite 406

Address

Jacksonville, FL 32256

City, State and Zip Code

office@boyerlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis M. Boyer

Name of Contact Person

at ( 904 ) 236-5317

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2016

FRANCIS M BOYER  
BOYER LAW FIRM, PL  
9471 BAYMEADOWS ROAD, SUITE 406  
JACKSONVILLE, FL 32256

SUBJECT: AFFORDABLE LUXURY, L.P.  
Ref. Number: W16000072460

RECEIVED  
2016 NOV -7 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AFFORDABLE LUXURY, L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris  
Regulatory Specialist II

Letter Number: 616A00022847

16 NOV -7 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. AFFORDABLE LUXURY, L.P.

(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 L.L.L.P.*

2. 1001 Brickell Bay Drive, Suite 1712  
(Street address of initial designated office)

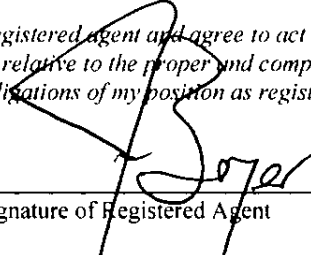
Miami, FL 33131

3. Boyer Law Firm, P.L.  
(Name of Registered Agent for Service of Process)

4. 9471 Baymeadows Road, Suite 406  
(Florida street address for Registered Agent)

Jacksonville, FL 32256

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6. 9471 Baymeadows Road, Suite 406  
(Mailing address of initial designated office)

Jacksonville, FL 32256

7. If limited partnership elects to be a limited liability limited partnership, check box

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FURNISHED TO THE PUBLIC

8. Name and business address of each general partner:

Name: FL000000 4957  
1963082 Ontario, Inc.

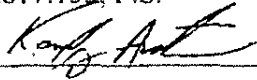
Business Address:  
5353 Dundas Street West  
Suite 105  
Etobicoke, ON L3T2G7

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.)*

Signed this 17 day of OCTOBER, 2017.

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.

  
\_\_\_\_\_  
\_\_\_\_\_

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