## A2400000159

(Requestor's Name)
(Address)
(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.
W24-50052

Office Use Only



100425451851

2024 H/R 29 PH 6: 44



MAR 29 2024 K. Brumbley



March 28, 2024

CAPITAL CONNECTION

SUBJECT: INVESTO REA 10 LP Ref. Number: W24000050052

We have received your document for INVESTO REA 10 LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2024 HAR 29 PM 1: 45

BAIBO

Letter Number: 124A00006726

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<del>_</del>	
INVESTO REA 10 LP	
Please Debit <b>FCA000000003</b> For: 1000	
Thank you Seth Neeley	
Stal	Art of lnc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: INVESTOREA 10 LP				
	rtnership or Limited Liability Limited Partnership			
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.			
Please return all correspondence concerning	this matter to:			
Amy Marie Vo. Esq.				
Contact Person				
Vo Law				
Firm/Company				
97 Orange Street				
Address				
St. Augustine, Florida 32084				
City, State and Zip Code				
amy@votaw.us				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter	er, please call:			
Amy Marie Vo. Esq.	at ( 904 ) 815-0001			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following amoun	t			
\$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 St.061.25 Filing Fees. and Certified Copy Certified Copy, and Certificate of Status			
STREET ADDRESS: MAILING ADDRESS:				
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·			
CR2E030 (6/17)				

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

INVESTO REA 10 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, t. L.L.P. or LLLP.
7th Jabotinsky St., Moshe Aviv Tower, floor 40
(Street address of initial designated office)
Ramat Gan 5252007 II.
3. Amy Marie Vo, Esq.
(Name of Registered Agent for Service of Process)
97 Orange Street
(Florida street address for Registered Agent)
St. Augustine, Florida 32084
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 familian with and accept the obligations of my position as registered agent.  Signature of Registered Agent
97 Orange Street
(Mailing address of initial designated office)
St. Augustine, Florida 32084
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

Name:	ich general partner: Business Address:				
INVESTO CAPITAL LLC	7th Jal	botinsky St., Moshe Aviv	Tower, floor 40		
	Ramat	Gan 5252007 IL			
	-				
· · ·			······································		
	<u></u>				
9. Effective date, if other than the call of the Florida Department of State.)  Note: If the date inserted in this blothis date will not be listed as the document of the date will not be listed as the document.	or more than 90 ck does not me	et the applicable stat	utory filing requirements		
Signed this 26th	day ofMar	eh	. 2024		
Signature of each general partner: Le herein are true. I/We am/are aware department of State constitutes a the state constitutes a the state constitutes and the state constitutes are state constitutes as the state constitutes are state constitutes and the state constitutes are state constitutes as the state constitutes are state constitutes are state constitutes are state constitutes as the state constitutes are state constitutes are state constitutes are state constitutes are state constitutes as the state constitutes are state constitutes as the state constitutes are state constitutes are state constitutes are state constitutes as the state constitutes are state constitutes as the state constitutes are state constitutes are state constitutes as the state constitutes are state constitutes and state constitutes are state	hat any false ir ird degree feloi	iformation submitted	in a document to the		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$9 \$52.50 \$8.75	65 Filing Fee and \$35 Re	egistered Agent Fee)		

Page 2 of 2