A06000001025

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000208296 3)))

H06000208296 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Please Rush if at all possible! Thanks
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
06 AUG 18 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 AUG 18 PM 4:19
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LP/LLP

GLADES LAND HOLDINGS LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$1,008.75

Susie Knight 14 2556

Electronic Filing Menu Corporate Filing Menu Help

H06000208296 3

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

1. Glades Land Holdings 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 LLLP.

2. 21 East Long Lake Road, Suite 100
(Street address of initial designated office)
Bloomfield Hill, MI 48304

3. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, FL 32301

FILED
06 AUG 18 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.*

Sue G. Knight
as its agent
Signature of Registered Agent

6. _____
(Mailing address of initial designated office)

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

H06000208296 3

H06000208296 3

8. Name and business address of each general partner:

Name:	Business Address:
Glades Property Holdings, Inc.	21 East Long Lake Road, Suite 100
	Bloomfield Hills, MI 48304
	PDo-108268

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 21 day of August, 2006.

Signature of each general partner:

Kathleen A Birney Vice President of Glades Property Holdings

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