

A17000000320

**Florida Department of State
Division of Corporations
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.

(((H17000180979 3)))



H170001809793ABCS

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: WOLFE@RESOURCE-GROUP.NET

**FLORIDA/FOREIGN LP/LLLP
Simple Life-Hendersonville, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

RECEIVED

2017 JUL 11 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUL 11 PM 2:31

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

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

1. SIMPLE LIFE-HENDERSONVILLE, LLLP

(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. 135 2nd Avenue North, Suite 3, Jacksonville Beach, FL 32250

(Street address of initial designated office)

3. Michael T. McGann

(Name of Registered Agent for Service of Process)

4. 135 2nd Avenue North, Suite 3

(Florida street address for Registered Agent)

Jacksonville Beach, FL 32250

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.*

Lee C. C.
Signature of Registered Agent

6. 135 2nd Avenue North, Suite 3

(Mailing address of initial designated office)

Jacksonville Beach, FL 32260

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

FILED
17 JUL 11 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Simple Life Partners, LLC

135 2nd Avenue North, Suite 3
Jacksonville Beach, FL 32250

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 11th day of July, 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.

Simple Life Partners, LLC, General Partner

By: Michael T. McCann

The Resource Group, LLC, Managing Member

By: Michael T. McCann, Managing Member

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 JUL 11 PM 2:31

FILED