

AIB000000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

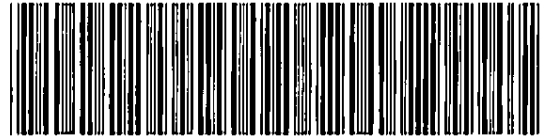
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 3/15/2018

Name: Merritt Knickle

Reference #: T015489

Entity Name: SIMPLE LIFE-HAMLET, LLLP

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY OF FILING EVIDENCE AND CERTIFICATE OF GOOD STANDING UPON FORMATION

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Authorized Amount: \$1,061.25

Signature: [Signature]

CORPORATE HQ
 COGENCY GLOBAL INC
 10 E 40th ST, 10th FL
 NY, NY 10016
 800.221.0107
 +1.212.947.7200

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES
 REGISTRY NUMBER 1100977
 6 BEVIS MARKS, 1st FL
 LONDON EC3A 7BA
 +44 (0)20.3786.1090

ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 INFINITUS PLAZA, 12th FL
 199 DES VOEUX RD CENTRAL
 HONG KONG
 +852.3975.1803



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Signature: UMAX

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TALLAHASSEE, FLORIDA

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

1. SIMPLE LIFE-HAMLET, 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 L.L.L.P.*

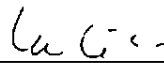
2. 135 2nd Avenue North, Suite 3, Jacksonville Beach, FL 32250
(Street address of initial designated office)

3. Michael T. McCann
(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.*


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

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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 15th day of March, 2018

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.

The Resource Group, LLC, General Partner

By: Michael T. McCann
Michael T. McCann, Authorized Member

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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