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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)517-6383

From: Account Name : GREENBERG TRAGRIC (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/LLP
Simple Life-Lake Andrews, LLLP

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

DEC 23 2019
A. LUNT

2019 JAN 22 PM 1:53

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

1. Simple Life-Lake Andrews, L.L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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 32250

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

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ALABAMA SECRETARY OF STATE

8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
Simple Life Partners, LLC	135 2nd Avenue North, Suite 3
_____	_____
_____	Jacksonville Beach, FL 32250
_____	_____
_____	_____
_____	_____
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 TALLAHASSEE, FLORIDA
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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 22nd day of January, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We 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: The Resource Group, LLC, Member

 By: Michael T. McCann, Member

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