

A 20000900309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

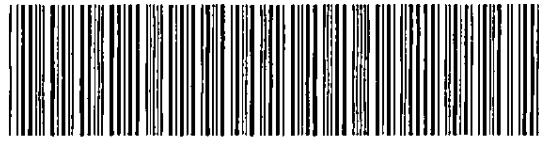
(Business Entity Name)

(Document Number)

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2020 AUG 13 PM 4:48  
TALAHASSEE, FLORIDA  
SECRETARY OF STATE

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2020 AUG 13 PM 12:23  
TALAHASSEE, FLORIDA  
SECRETARY OF STATE

US  
8/14/20

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 8/13/2020

**PRIORITY** Routine

**OUR REF.# (Order ID#)** 844587

**ORDER ENTITY**

GOODLETTE ARMS PRESERVATION LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

GOODLETTE ARMS PRESERVATION LP (FL)

New LP filing

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**NOTES:**

\$1,000.00 Authorized  
Email address for annual report reminders: radiv@incserv.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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


1. Goodlette Arms Preservation 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, L.L.L.P. or L.L.L.P.

2. 250 West 55th, 35th Fl.  
(Street address of initial designated office)  
New York, NY 10019

3. Incorporating Services, Ltd.  
(Name of Registered Agent for Service of Process)

4. 1540 Glenway Drive  
(Florida street address for Registered Agent)  
Tallahassee, FL 32301

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. \_\_\_\_\_  
(Mailing address of initial designated office)  
250 West 55th, 35th Fl., New York, NY 10019

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:

Affordable Housing Institute, Inc.

2121 Camden Road, Suite B

Orlando, FL 32803

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TALLAHASSEE, FLORIDA

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 \_\_\_\_\_ day of \_\_\_\_\_

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.

Affordable Housing Institute, Inc., its General Partner

By: Bryan Hartnett, President



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