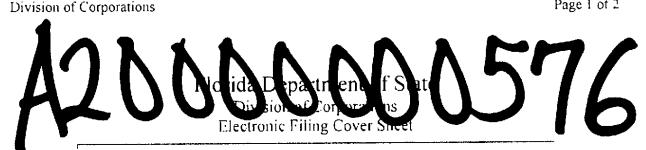
Page 1 of 2



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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845) 818-3588

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

Email Address:

FLORIDA/FOREIGN LP/LLLP

James Park Apartments Florida LP

Certificate of Status	Ü
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NOV 25 2020

M. SOLOMON

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Corporate Filing Menu

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

ı James Park Apartments Florida 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 LLLP.			
2 86 Route 59 East			
(Street address of initial designated office)	-		
Spring Valley, NY 10977	_		
3. Vcorp Services, LLC			
(Name of Registered Agent for Service of Process)	-		
4 5011 South State Road 7, Suite 106			
(Florida street address for Registered Agent)	-		
Davie, FL 33314	_		
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.	· · · · · · · · · · · · · · · · · · ·	2020 NOV 24	,.,î.
Jag with the	732 28-4 18-4		
Signature of Registered Agent			
6.86 Route 59 East		AM 9: 00	ري
(Mailing address of initial designated office)	A law	<u>G</u>	
Spring Valley, NY 10977			
7. If limited partnership elects to be a limited liability limited partnership, check box			

8. Name and business address of eanne:	ach general partner: Business Address:	
James Park Apartments HOD LLC	2600 Swope Parkway	
****	KANSAS CITY, MO 64130	
		<u> </u>
		10 M 828
		47
9. Effective date, if other than the date of	filing:	AH 9: 08
(Effective date cannot be prior to no filed by the Florida Department of .	or more than 90 days after the date the document State.)	•
Signed this 17 day of	November 2020	
stated herein are true. I/We am/are	We submit this document and affirm that the fact aware that any false information submitted in a te constitutes a third degree felony as provided for	
Israel Wilhelm, manager of GP-	James Park Aparlments HOD LLC	
		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent I \$52.50 \$8.75 Page 2 of 2	· c c)