

Division of Corporations

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**A2000000576**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
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: \_\_\_\_\_

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**FLORIDA/FOREIGN LP/LLLP  
James Park Apartments Florida LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,000.00

NOV 25 2020

M. SOLOMON

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

1. 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

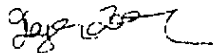
(Name of Registered Agent for Service of Process)

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.*



Signature of Registered Agent

6. 86 Route 59 East

(Mailing address of initial designated office)

Spring Valley, NY 10977

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

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CLERK OF SUPERIOR COURT  
NEW YORK COUNTY

