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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-9166  
Fax Number : (305) 347-7766

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

Email Address: GCohen@shutts.com

**FLORIDA/FOREIGN LP/LLLP  
Southwest Hammocks, LLLP**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

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

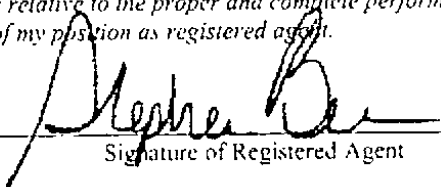
1. Southwest Hammocks, LLLP  
 (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 1398 SW 1st Street, 12th, Floor  
 (Street address of initial designated office)  
Miami, Florida 33135

3. STEPHANIE BERMAN  
 (Name of Registered Agent for Service of Process)

4. 1398 SW 1st Street, 12th, Floor  
 (Florida street address for Registered Agent)  
Miami, Florida 33135

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. 1398 SW 1st Street, 12th, Floor  
 (Mailing address of initial designated office)  
Miami, Florida 33135

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

21 FEB 18 PM 4:27

## 8. Name and business address of each general partner:

Name:Business Address:

CARRFOUR SUPPORTIVE HOUSING, INC.

1398 SW 1st Street, 12th. Floor

Miami, Florida 33135

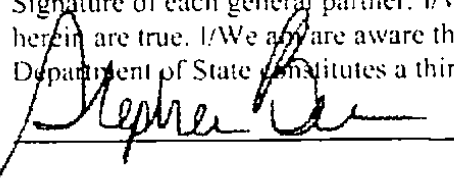
## 9. Effective date, if other than the date of filing: \_\_\_\_\_

(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 18th day of February 2021

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.

  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fees:

\$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75