

MAY 28 10:06AM
DIVISION OF CORPORATIONS

NO. 034 P. 1 of 1

A10000000311

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & M
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-0435

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/LLP
Lavender Health Care of Florida, LLLP

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

H. BRYAN

JUN - 1 2010

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

1. LAVENDER HEALTH CARE OF FLORIDA, 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. 6726 Chancery Place
(Street address of initial designated office)

University Park, Florida 34201-2251

3. Richard Lee Kimsey
(Name of Registered Agent for Service of Process)

4. 6726 Chancery Place
(Florida street address for Registered Agent)

University Park, Florida 34201-2251

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.*

Richard Kimsey
Signature of Registered Agent

6. 6726 Chancery Place
(Mailing address of initial designated office)

University Park, Florida 34201-2251

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

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MAY 28 2010 10:56AM

TRENAM ST. PETE

NO. 0534 P. 3

(((H10000126109 3)))

8. Name and business address of each general partner:

Name:

Business Address:

LAVENDER HEALTH CARE MANAGEMENT, LLC

6726 Chancery Place

#L09000097977

University Park, Florida 34201-2251

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ALLAHSEE, 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.)

Signed this 25th day of May, 2010.

Signature of each general partner:
LAVENDER HEALTH CARE MANAGEMENT, LLC

By: Richard Lee Kimsey
Richard Lee Kimsey, Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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