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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 832547 8256453 AUTHORIZATION : COST LIMIT : ORDER DATE: May 26, 2021 ORDER TIME : 8:32 AM ORDER NO. : 832547-005 CUSTOMER NO: 8256453 DOMESTIC FILING NAME: CLARIDGE HOMES (3000 WATERSIDE) LP EFFECTIVE DATE: ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP _____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

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

Claridge Homes (3000 Waterside) 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.

orporation Service Company
(Name of Registered Agent for Service of Process)
01 Hays Street
(Florida street address for Registered Agent)
allahassee, Florida 32301
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familial and accept the obligations of my position as registered agent.
Signature of Registered Agent
nite 2000 - 210 Gladstone Avenue, Ottawa, Ontario Canada K2 P O Y6

Page 1 of 2

8. Name and business address of ex Name:	ach general partner: <u>Business Address:</u>	
Claridge Homes (3000 Waterside) LLC	Suite 2000 - 210 Gladstone Avenue, Ottawa, Ontari	o
	Ontario Canada K2 P O Y6	_
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the Florida Department of State.) Note: If the date inserted in this blo	date of filing: or more than 90 days after the date the document is file ock does not meet the applicable statutory filing require cument's effective date on the Department of State's	rements,
Signed this 26th	day of	_
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a th	We submit this document and affirm that the facts stathat any false information submitted in a document to nird degree felony as provided for in s.817.155, F.S.	
Diano & Ozoli	- Authorized Person	_
		<u>-</u>
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

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