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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500			
ACCOUNT NO. : 12000000195			
REFERENCE: 853592 8256453			
COST LIMIT: \$ 1000.00			
COST LIMIT : \$ 1000.200			
ORDER DATE : June 10, 2021			
ORDER TIME : 10:36 AM			
ORDER NO. : 853592-005			
CUSTOMER NO: 8256453			
DOMESTIC FILING NAME: CLARIDGE HOMES (BEACHBOYS) LP			
EFFECTIVE DATE:			
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Alexxis Weiland - EXT.			
EXAMINER'S INITIALS:			

CORPORATION SERVICE COMPANY

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

Claridge Homes (Beachboys) LP	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Lim Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partner suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	ited ship
2. Suite 2000 - 210 Gladstone Avenue (Street address of initial designated office)	
(Street address of initial designated office)	
Ottawa, Ontario Canada K2 P O Y6	
3. Corporation Service Company	
(Name of Registered Agent for Service of Process)	
4. 1201 Hays Street	
(Florida street address for Registered Agent)	
Tallahassee, Florida 32301	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I awith and accept the obligations of my position as registered agent.	
Janua & Heline	
Signature of Registered Agent	
Signature of Registered Agent	
Signature of Registered Agent 6. Suite 2000 - 210 Gladstone Avenue (Mailing address of initial designated office)	

Page 1 of 2

8. Name and business address of e Name:	Business Address	<u>S:</u>
Claridge Homes (Beachboys) LLC	Suite 2000 - 210 Gla	adstone Avenue
	Ottawa, Ontario Car	nada K2 P O Y6
		
9. Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nether Florida Department of State.) Note: If the date inserted in this bloth this date will not be listed as the document of the state of the date will not be listed as the document.	ock does not meet the applic	cable statutory filing requirements
Signed this 10th	day of	,2021
Signature of each general partner: l herein are true. I/We am/are aware Department of State constitutes a tl	/We submit this document that any false information s	submitted in a document to the
Claridge Homes (Beachboys) LLC, by	_ Dimate	dus, Authoriza Person
	#\$ 000 00 (care a min =	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee \$52.50 \$8.75	and \$35 Registered Agent Fee)

Page 2 of 2