

**A00000001681**

City/State/Zip

Phone #

1408

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Washington Ridge Senior V. (Corporation Name) 1681 (Document #)  
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☒ Walk in ☐ Pick up time  
☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☒ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

FILED  
NOV -3 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900003452189--9  
-11/06/00--01002--001  
\*\*\*344.50 \*\*\*140.00

file 2nd

FF \$ 87.5  
CC \$ 140.00  
552.50

WPK 11/3

**CERTIFICATE OF LIMITED PARTNERSHIP****WASHINGTON RIDGE SENIOR VILLAGE, LTD.**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986) and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of WASHINGTON RIDGE SENIOR VILLAGE, LTD., duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. **Name.** The name of the limited partnership is **WASHINGTON RIDGE SENIOR VILLAGE, LTD.**
2. **Address.** The business address and the mailing address of the limited partnership is 1012 N Street, N.W., Washington D.C., 20001.
3. **Registered Agent.** The name of the registered agent for service of process is Gary J. Cohen, Esq.
4. **Address; Registered Agent.** The street address for the registered agent is 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131.
5. **Records Office.** The records office of the Limited Partnership is 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131.
6. **Term.** The latest date upon which the Limited Partnership is to be dissolved is December 31, 2050.
7. **Name and Address of General Partner.** The name of the general partner is **WASHINGTON RIDGE SENIOR VILLAGE, LLC**, and the address is 1012 N Street, N.W., Washington D.C., 20001.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1st day of November, 2000.

WASHINGTON RIDGE SENIOR VILLAGE, LLC  
General Partner

By Jaimie Bordenave  
Jaimie Bordenave, Manager

FILED  
NOV -3 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE BY REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 1st DAY OF NOVEMBER, 2000.

Gary J. Cohen  
Gary J. Cohen  
Registered Agent

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**WASHINGTON RIDGE SENIOR VILLAGE, LTD.**

---

The undersigned, constituting the sole general partner of **WASHINGTON RIDGE SENIOR VILLAGE, LTD.**, a Florida limited partnership, certifies as follows:

1. The initial Limited Partners of **WASHINGTON RIDGE SENIOR VILLAGE, LTD.** have contributed \$1,000 to the Partnership as their initial capital contribution.
2. The initial Limited Partners anticipate making no additional capital contributions other than the contributions stated above.

Signed this 1<sup>st</sup> day of November, 2000

**FURTHER AFFIANT SAYETH NAUGHT.**

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

**WASHINGTON RIDGE SENIOR VILLAGE, LLC**  
General Partner

By: \_\_\_\_\_

*Jaime Bordenave*  
Jaime Bordenave, Manager

**FILED**

**00 NOV -3 PM 3:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**