

A03000000917

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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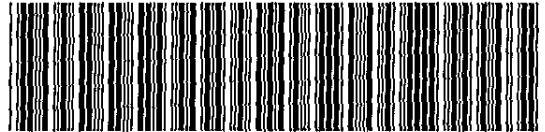
(Business Entity Name)

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03 JUN 19 PM 4:58  
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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

RECEIVED  
03 JUN 19 PM 3:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 20, 2003

SARA LEA  
CSC  
TALLAHASSEE, FL

SUBJECT: DELAND COMMUNITY HOUSING, L.P.  
Ref. Number: W03000017715

FILED  
03 JUN 19 PM 4:58  
TALLAHASSEE, FLORIDA

We have received your document for DELAND COMMUNITY HOUSING, L.P. and the authorization to debit your account in the amount of \$140.00. However, the document has not been filed and is being returned for the following:

Florida limited partnerships cannot use the suffix "L.P."

Please use LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 503A00037962

6031700038024

**RESUBMIT**  
Please give original  
submission date as file date.

RECEIVED  
03 JUN 20 PM 3:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 139286 4727217

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 140.00

FILED  
JUN 19 PM 1:58  
STATE  
TALLAHASSEE FLORIDA

ORDER DATE : June 19, 2003

ORDER TIME : 2:45 PM

ORDER NO. : 139286-005

CUSTOMER NO: 4727217

CUSTOMER: Charlotte Barone, Legal Asst  
Salem Saxon, P.a.

Suite 3200, Bank Of America  
101 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: DELAND COMMUNITY HOUSING, L.P.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: \_\_\_\_\_

# CERTIFICATE OF LIMITED PARTNERSHIP

1. DeLand Community Housing, Limited Partnership

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 300 Sunflower Circle, DeLand, FL 32724

(Business address of Limited Partnership)

3. Ricardo L. Gilmore, Esquire

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Boulevard, Suite 3200, Tampa, FL 33602

(Florida street address for Registered Agent)

5. By [Signature]

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 300 Sunflower Circle, DeLand, FL 32724

(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2053

8. Name(s) of general partner(s):

Street address:

DeLand Community Housing, Inc.

300 Sunflower Circle, DeLand, FL

NO3000005143

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

Signed this 19th day of June, 2003.

Signature of all general partners:

DeLand Community Housing, Inc.

By: [Signature]  
General Partner

Ricardo L. Gilmore

General Partner

General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

FILED  
03 JUN 19 PM 4:58  
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of \_\_\_\_\_  
DeLAND COMMUNITY HOUSING, LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,000.00.

Signed this 19th day of June, 2003.

FURTHER AFFIANT SAYETH NOT.

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

DeLand Community Housing, Inc.

By: [Signature]  
General Partner  
Ricardo L. Gilmore

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner