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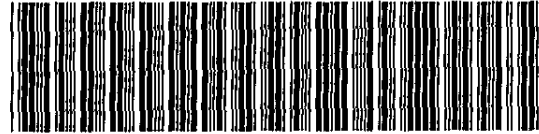
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TALLAHASSEE, FLORIDA

205000009423

Handwritten signature/initials



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 183133 7215698

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 3, 2005

ORDER TIME : 3:26 PM

ORDER NO. : 183133-010

CUSTOMER NO: 7215698

CUSTOMER: Amanda Stiles
National Church Residences

2335 North Bank Drive

Columbus, OH 43220

DOMESTIC FILING

NAME: ISLAND HORIZONS HOUSING
LIMITED PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 11, 2005

HEATHER CHAPMAN
CSC
TALLAHASSEE, FL

SUBJECT: ISLAND HORIZONS HOUSING LIMITED PARTNERSHIP
Ref. Number: W05000007270

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ISLAND HORIZONS HOUSING LIMITED PARTNERSHIP and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$96.25 payment.

Please have the R.A. sign in Item 5.

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
Document Specialist

Letter Number: 905A00009701

Re Submit

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Island Horizons Housing Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2335 North Bank Drive
(Business address of Limited Partnership)
3. Corporation Service Company
(Name of Registered Agent for Service of Process)
4. 1201 Hays Street, Tallahassee, FL 32301
(Florida street address for Registered Agent)
5. By: Deborah D. Skipper Asst. V. Pres
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2335 North Bank Drive, Columbus, Ohio 43220
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: perpetual
8. Name(s) of general partner(s): _____ Street address: _____

Island Horizons Housing, Inc 2335 North Bank Drive, Columbus,
NO5000001391 Ohio 43220

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 2nd day of February, 2005.

Signature of all general partners:

[Signature] _____
General Partner General Partner

General Partner General Partner

General Partner General Partner

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

The undersigned constituting all of the general partners of Island Horizons Housing
Limited Partnership ,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 0.00 .

Signed this 2nd day of February , 2005 .

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.*



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner