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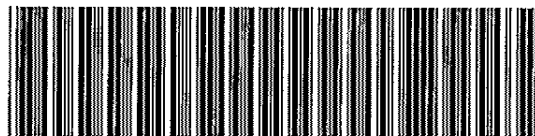
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

1. The Arcadia Oaks Associates, LTD.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 8/9/05 ☐ Certified Copy
- ☐ Mail Out ☐ Will wait ☒ Photocopy ☐ 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

File
2nd

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

THE ARCADIA OAKS ASSOCIATES, LTD.

FILED
05 AUG 10 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the authority of Section 620.108, Florida Statutes, the undersigned, constituting the general partner of *The Arcadia Oaks Associates, Ltd.*, (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be *The Arcadia Oaks Associates, Ltd.* (the "Partnership").

2. The address of the initial office where records shall be kept shall be 7 Booker T. Washington Road, Arcadia, Florida 34266. The name and address of the initial registered agent for service of process is Sandra Sanders P.A., 203 West Oak Street, Arcadia, Florida 34266.

3. The name and initial business address of the General Partners is:

THE OAKS ASSOCIATES GP, LLC, a Florida limited liability company
7 Booker T. Washington Road
Arcadia, Florida 34266

4. The initial mailing address of the limited partnership is 7 Booker T. Washington Road, Arcadia, Florida 34266.

5. The latest date upon which the Partnership is to dissolve shall be December 31, 2065.

This Certificate has been executed by the undersigned as of the ___ day of August, 2005.

GENERAL PARTNER:

THE OAKS ASSOCIATES GP, LLC, a Florida
limited liability company

By: Arcadia Housing Authority, a non-profit
corporate body and politic pursuant to
Chapter 421, Florida Statutes, its managing
member

By: Christine Engels
Name: CHRISTINE ENGELS
Title: EXECUTIVE DIRECTOR

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for The Arcadia Oaks Associates, Ltd., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that it is familiar with and accepts its statutory obligations as such, including those obligations contained in §620.192, Florida Statutes.

SANDRA SANDERS P.A.

By: 

Dated this ____ day of August, 2005.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the sole general partner of The Arcadia Oaks Associates, Ltd. and being duly sworn do hereby set forth the following for the purpose of accompanying the filing of the Certificate of Limited Partnership of The Arcadia Oaks Associates, Ltd., with the Florida Department of State, as required by Section 620.108, Florida Statutes:

The amount of the capital contributions of the limited partners as of the date hereof is \$50.00 and no further capital contributions from the limited partners are anticipated at this time.

This Affidavit is executed and sworn to by:

GENERAL PARTNER:

THE OAKS ASSOCIATES GP, LLC, a Florida limited liability company

By: Arcadia Housing Authority, a non-profit corporate body and politic pursuant to Chapter 421, Florida Statutes, its managing member

By: Christine Engels
Name: Christine Engels
Title: Executive Director

Dated this 9 day of August, 2005.

STATE OF FLORIDA
COUNTY OF DeSoto

The foregoing instrument was acknowledged before me this 9 day of August, 2005, by Christine Engels, as Executive Director of the Arcadia Housing Authority, the managing member of The Oaks Associates GP, LLC, a Florida limited liability company, as general partner of The Oaks Associates, Ltd., a Florida limited partnership. He/She is personally known to me or has produced _____ as identification and who did/did not take an oath.



Shannon L. Kelley
My Commission DD091283
Expires February 11, 2006

Shannon L. Kelley
(Signature of Notary Public)
Shannon L. Kelley
(Typed name of Notary Public)
Notary Public, State of Florida
Commission No. _____
My commission expires: _____