A06000000102

Florida Department of State
Division of Corporations
Public Access System

FILED
2006 JAN 20 AM 11:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000017446 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

File Second (4)

RECEIVED
06 JAN 20 PM 2:13
DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

Jackson Heights, LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$1,052.50

Electronic Filing Menu Corporate Filing Menu Help

J. BRYSON JAN 23 2006

FILED
2006 JAN 20 AM 11:09
SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. Jackson Heights, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 6263 N. Scottsdale Road, Suite 138, Scottsdale, AZ 85250
(Street address of initial designated office)

3. C T Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.*
C T Corporation System

By: Connie Bryan
Signature of Registered Agent

6. 6263 N. Scottsdale Road, Suite 138, Scottsdale, AZ 85250
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:	Business Address:
NVHF Jackson Heights, LLC	6263 N. Scottsdale Road, Suite 138
# L06000007473	Scottsdale, AZ 85250

FILED
2006 JAN 20 AM 11:09
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 12th day of January 2006

Signature of each general partner:

Pesach Lerner, President of NVHF Florida Community Housing, Inc., member of NVHF Jackson Heights, LLC its General Partner

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

FLA48 - 12/03/03 CT System Online