A06000000191

2006 JAN 24 A 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

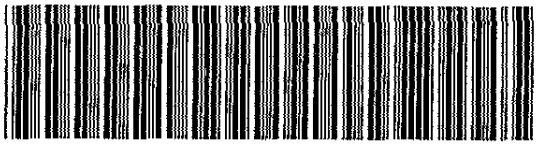
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000064152690

01/24/06--01010--004 **1061.25

FILED
2006 JAN 24 A 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: Longfellow Apartments, LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Gilbert H. Kinchen
(Contact Person)

(Firm/Company)

300 Alexander Palm Rd
(Address)

Boca Raton, FL 33432
(City, State and Zip Code)

For further information concerning this matter, please call:

Gilbert H. Kinchen at (561) 393-3964
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)

☐ $1,008.75 Filing Fees and Certificate of Status

☐ $1,052.50 Filing Fees and Certified Copy

☑ $1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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

FILED
2006 JAN 24 A 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Longfellow Apartments, 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. 300 Alexander Palm Rd
(Street address of initial designated office)
Boca Raton, FL 33432

3. Gilbert H. Kinchen
(Name of Registered Agent for Service of Process)

4. 300 Alexander Palm Rd
(Florida street address for Registered Agent)
Boca Raton, FL 33432

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.*

Signature of Registered Agent

6. 300 Alexander Palm Rd
(Mailing address of initial designated office)
Boca Raton, FL 33432

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:
Gilbert H. Kinchen	300 Alexander Palm Rd

FILED
2006 JAN 24 A 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: Feb.1, 2006

(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 19 day of January, 2006.

Signature of each general partner:

Gilbert H. Kinchen

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