

1706000001220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

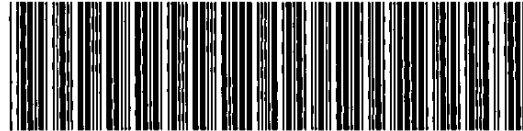
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



100080439101

10/18/06--01022--019 \*\*1052.50

FILED

06 OCT 18 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2006 OCT 18 AM 11:48

NOT RECORDED  
TO ACHIEVE EDGE  
SUFFICIENCY OF FILING

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

**WALK IN**

PICK UP:

10/18

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

**FILED**  
06 OCT 18 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Ltd.

1.

Sembler Creekside Partnership #1, Ltd.  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

File 3rd

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

**FILED**  
06 OCT 18 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Sembler Creekside Partnership #1, Ltd.

(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. 5858 Central Avenue

(Street address of initial designated office)

St. Petersburg, FL 33707

3. Gregory S. Sembler

(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue

(Florida street address for Registered Agent)

St. Petersburg, FL 33707

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 and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

6. 5858 Central Avenue

(Mailing address of initial designated office)

St. Petersburg, FL 33707

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:

Sembler RDGP, Inc.

5858 Central Avenue

P 06000132463

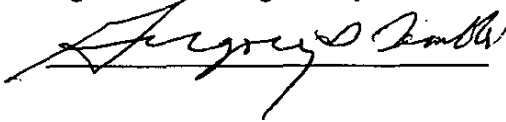
St. Petersburg, FL 33707-1728

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 10th day of October, 2006.

Signature of each general partner:



**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

**Page 2 of 2**