

A0700000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

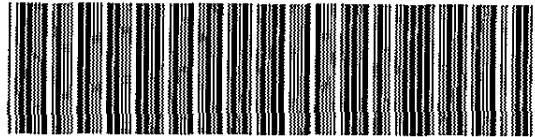
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 FEB - 1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 739883 7407027

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 1, 2007

ORDER TIME : 11:17 AM

ORDER NO. : 739883-010

CUSTOMER NO: 7407027

DOMESTIC FILING

NAME: THE LANDINGS AT CARVER PARK,
LLLP

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

FILED
07 FEB - 1 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
07 FEB - 1 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. THE LANDINGS AT CARVER PARK, LLLP

(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. 390 NORTH BUMBY AVENUE, ORLANDO, FL 32803

(Street address of initial designated office)

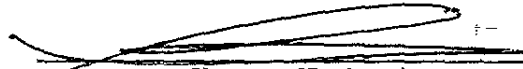
3. BERNICE S. SAXON, ESQ.

(Name of Registered Agent for Service of Process)

4. 201 E. KENNEDY BOULEVARD, SUITE 600, TAMPA, FL 33602

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


Signature of Registered Agent

6. 390 NORTH BUMBY AVENUE, ORLANDO, FL 32803

(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:

The Landings at Carver Park, Inc.

390 North Bumby Avenue, Orlando, FL 32803

P070001322Y

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 29 day of January, 2007

Signature of each general partner:

The Landings at Carver Park, Inc.

By: Vivian Bryant

Vivian Bryant, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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