## Florida Department of State

Division of Corporations Public Access System

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.

(((H07000096209 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

Account Name : GARTNER BROCK & SIMON

Account Number : I19990000204

Phone

: (904)399-0870

Fax Number

: (904)399-1113

## FLORIDA/FOREIGN LP/LLP

The Links at Bent Creek, LLLP

AL.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

Help

H07000096209 3

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

## The Links at Bent Creek, 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 Lid.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2	751 Oak Street, Suite 600	A:SE	2011
_	(Street address of mittal designated office)	CR.	
	Jacksonville, Florida 32204	HA:	APR
3	R. Lamar Shaw, Jr.	RY (	12
	(Name of Registered Agent for Service of Process)	ارت الم	77
4	751 Oak Street, Suite 600	707 713	12
	(Florida street address for Registered Agent)	TE IDA	ယ်ရ
	Jacksonville, Florida 32204	D	ھ

<sup>5.</sup> 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

751 Oak Street, Suite 600

(Mailing address of initial designated office)

Jacksonville, Florida 32204

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

Page 1 of 2

H07000096209 3

Name:	Business Address:
	Inc. 751 Oak Street, Suite 600
P94-76798	Jacksonville, Florida 3220
	- · · · · · · · · · · · · · · · · · · ·
and the state of t	动性 经实际的 经基本证券
	Take to the state of the state
3.	the Committee of the State
n i war	
3000 A	HAS APH
	MY N
	0F/17 3
	<u> </u>
Effective date, if other than the date of	thing:
Effective date cannot be prior to n led by the Florida Department of l	or more than 90 days after the date the document is
igned this day	·
-	,
ignature of each general partner:	
my	
	<u> </u>
lling Fees:	<b>61 000 00</b> (trice twice the part of the p
crubed Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fe \$52,50
ertificate of Status (optional):	\$8.75