

FILED
2007 MAY 10 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arden Place Partners, LLLP

(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:

Robert A. Guirlinger

(Contact Person)

Central Management Company

(Firm/Company)

201 S. Amelia Ave., G-4

(Address)

DeLand, FL 32724

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert A. Guirlinger

(Name of Contact Person)

at (386) 740-7600

(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**

1. Arden Place Partners, 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. 201 S. Amelia Ave., G-4

(Street address of initial designated office)

DeLand, FL 32724

3. Robert A. Guirlinger


(Name of Registered Agent for Service of Process)

4. 201 S. Amelia Ave., G-4

(Florida street address for Registered Agent)

DeLand, FL 32724

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. 201 S. Amelia Ave., G-4

(Mailing address of initial designated office)

DeLand, FL 32724

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:

Central Management Company

201 S. Amelia Ave., G-4

OK OHIO, INC.

DeLand, FL 32724

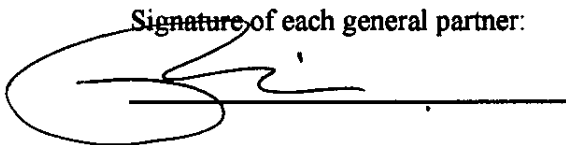
P31179

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 1 day of May, 2007

Signature of each general partner:



Robert A. Guirlinger, V.P.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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