

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone : (407) 422-6583

Fax Number : (954)343-6962

FLORIDA/FOREIGN LP/LLLP

GRAND RESERVE VILLAS, LTD.

Certificate of Status	1
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N. CAUSSEAUX

APR 4 2008

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GREENSPOON MARDER A PROFESSIONAL ASSOCIATION

From the Desk of:

MALLORY VILLANUEVA, Corporate Paralegal Trade Centre South, Suite 700 100 West Cypress Creek Road Fort Lauderdale, Florida 33309 954-491-1120 954-771-9264 (Fax)

MEMORANDUM

To:

Division of Corporations

Limited Partnership Section

(850) 617-6383

Date:

April 3, 2008

Re:

Grand Reserve Villas, Ltd.

Grand Reserve Villas of Orlando, Inc.

It is imperative that these entities be formed today. The general partner of the limited partnership is Grand Reserve Villas of Orlando, Inc. It is respectfully requested that you assist me in this matter. Your assistance will be greatly appreciated.

FLEASE FILE LIMITED PARTNERSHIP SECOND.

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888-491-1120

CERTIFICATE OF LIMITED PARTNERSHIP FOR	≓s:	8
FLORIDA LIMITED PARTNERSHIP		•
OR	垩二	PR
LIMITED LIABILITY LIMITED PARTNERSHIP	ASSE!	1
1 Grand Reserve Villas, Ltd.	. 유민.	3
(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. or LLLP,	ORIDA	3 14
2.2444 Vla Sienna, Winter Park, FL 32789		
(Street address of initial designated office)	_	
_{3.} N. Dwayne Gray, Jr., Esq.		١
(Name of Registered Agent for Service of Process)		
4. 201 East Pine Street, Suite 500		
(Plorida street address for Registered Agent)		
Orlando, FL 32801	•••	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.	10	
N. Wave Signature of Registered Agent		
6,2444 Via Sienna		
(Mailing address of initial designated office)	_	
Winter Park, FL 32789	_	
7. If limited partnership elects to be a limited liability limited partnership, check box	l	

Page 1 of 2

8. Name and business address of each gene Name:	ral partner: Business Address:	0,0000
Grand Reserve Villas of Orlando, Inc.	2444 Via Sienna	PO8-34908
	Winter Park, Florida	32789
	*	SECTION SECTIO
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		HO HO
		STAT STAT
		DA
		
9. Effective date, if other than the date of filing:		·
(Effective date cannot be prior to nor more t filed by the Florida Department of State.)	than 90 days after the date the doc	cument is
Signed this 3rd day of Apri	2008	· •
Signature of each general partner:		
	Grand Reserve Villes of Or a Florida corporation S. Lane J. Acea By: Shane h. Acevedo, Pre	realo.
Filing Fees: \$1,000 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	.00 (\$965 Filling Fee and \$35 Registered	i Agent Fcc)