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Florida Department of State
Division of Corporations
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To:
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From:
Account Name : GARTNER BROCK & SIMON
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FLORIDA/FOREIGN LP/LLLP

St. Augustine Village Partners, LLLP

Certificate of Status	1
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Estimated Charge	$1,061.25

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

1. St. Augustine Village 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.

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2. 7645 Gate Parkway, Suite 202
(Street address of initial designated office)
Jacksonville, Florida 32256

3. Jerome W. Jacquot
(Name of Registered Agent for Service of Process)

4. 7645 Gate Parkway, Suite 202
(Florida street address for Registered Agent)
Jacksonville, Florida 32256

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.*

J W Jacquot
Signature of Registered Agent

6. 7645 Gate Parkway, Suite 202
(Mailing address of initial designated office)
Jacksonville, Florida 32256

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

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8. Name and business address of each general partner:

Name:	Business Address:
Jerome W. Jacquot	7645 Gate Parkway, Suite 202 Jacksonville, Florida 32256

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 17th day of October 2008.

Signature of each general partner:

Jerome W. Jacquot

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