

Florida Department of State
Division of Corporations
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RESUBMISSION

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Dpw

SCOTT CARVER IIA, LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	03
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D. BRUCE

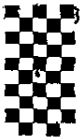
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EXAMINER

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April 8, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: SCOTT CARVER IIA, LIMITED PARTNERSHIP
REF: W09000016443

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: R09000082189
Letter Number: 409A00011798

P.O BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Scott Carver IIA, Limited Partnership

(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. 1415 Olive Street, Suite 310

(Street address of initial designated office)

St. Louis, Missouri 63103

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, Florida 32301

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.*

Corporation Service Company

By: 

Signature of Registered Agent

6. 1415 Olive Street, Suite 310

(Mailing address of initial designated office)

St. Louis, Missouri 63103

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Reliance-Scott Carver, LLC

c/o Reliance Housing Foundation

L09000034462

805 E. Broward Blvd., Suite 200

Fort Lauderdale, Florida 33301

MBS Scott Carver GP, LLC

c/o McCormack Baron Salazar, Inc.

L09000032136

1415 Olive Street, Suite 310

St. Louis, Missouri 63103

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 7th day of April 2009

Signature of each general partner:

MBS Scott Carver GP, LLC,
A Florida limited liability company
By: MBS Development Corp.,
A Missouri corporation,
its managing member

By: Hillary B. Zimmerman
Hillary B. Zimmerman, Vice President

Reliance-Scott Carver, LLC

A Florida limited liability company

By: Reliance Housing Foundation, Inc.

A Florida nonprofit corporation

its sole member

By: Robert O. Jackson
Robert O. Jackson, President

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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