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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May #2940

FLORIDA/FOREIGN LP/LLLP

SCOTT CARVER LLC, LIMITED PARTNERSHIP

Certificate of Status	0
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Help

J. BRYAN

MAY 18 2009

EXAMINER

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

1. SCOTT CARVER IIC, 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)

SAINT LOUIS, MO 63103

3. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

4. 1201 HAYS STREET
(Florida street address for Registered Agent)

TALLAHASSEE, FL 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.*


Signature of Registered Agent

6. 1415 OLIVE STREET, SUITE 310
(Mailing address of initial designated office)

SAINT LOUIS, MO 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: #F09000001969

Business Address:

Scott Carver GP, Inc.

1415 OLIVE STREET, SUITE 310

#L09000041877
Reliance-Scott Carver LLC, LLC

SAINT LOUIS, MO 63103

c/o RELIANCE HOUSING FOUNDATION

805 E. BROWARD BLVD., SUITE 200

FORT LAUDERDALE, FL 33301

9. Effective date, if other than the date of filing: _____

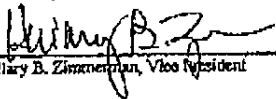
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 12th day of MAY, 2009.

Signature of each general partner:

SCOTT CARVER GP, INC.
a Missouri corporation

By


Hillary B. Zimmerman, Vice President

RELIANCE-SCOTT CARVER LLC, LLC

a Florida limited liability company

BY: RELIANCE HOUSING FOUNDATION, INC.

a Florida non-profit corporation, Sole Member

By

Robert O. Jackson, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Scott Carver GP, Inc.

1415 OLIVE STREET, SUITE 310

SAINT LOUIS, MO 63103

Reliance-Scott Carver LLC, LLC

c/o RELIANCE HOUSING FOUNDATION

805 E. BROWARD BLVD., SUITE 200

FORT LAUDERDALE, FL 33301

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 12th day of MAY, 2009

Signature of each general partner:

SCOTT CARVER GP, INC.
a Missouri corporationBy Hillary B. Zmarzka, Vice PresidentRELIANCE-SCOTT CARVER LLC, LLC
a Florida limited liability companyBY: RELIANCE HOUSING FOUNDATION, INC.
a Florida non-profit corporation, Sole MemberBy Robert C. Jackson, President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
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