

A 09000000548

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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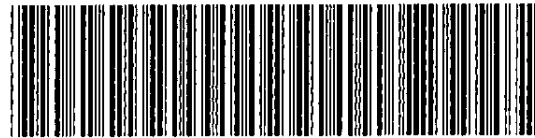
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1094000026608
B. KOHR

AUG - 4 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 084777 9666A

AUTHORIZATION

COST LIMIT : \$ 1052.50

ORDER DATE : August 3, 2009

ORDER TIME : 9:28 AM

ORDER NO. : 084777-005

CUSTOMER NO: 9666A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: COUNTRYSIDE OF SANTA ROSA,
LTD.

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2009

KIMBERLY MORET
CSC
TALLAHASSEE, FL

SUBJECT: COUNTRYSIDE OF SANTA ROSA, LTD.
Ref. Number: W09000035181

RESUBMIT
Please give original
submission date as file date.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COUNTRYSIDE OF SANTA ROSA, LTD. and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

As discussed, the documents do not contain a Registered Agent acceptance signature.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00026471

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
COUNTRYSIDE OF SANTA ROSA, LTD.**

The undersigned hereby executes this Certificate of Limited Partnership of Countryside of Santa Rosa, Ltd., in accordance with Section 720.109 of the Florida Statutes, and certifies:

1. The name of the Limited Partnership is Countryside of Santa Rosa, Ltd.
2. Character of the business intend to be transacted by the partnership is as follows:

To acquire, finance, own, maintain, improve, operate, lease and, if appropriate or desirable, sell or otherwise dispose of the real property described in Exhibit "A", including multiple existing apartment complexes located thereon, along with ancillary and appurtenant facilities and all furnishings, equipment and personal property used in connection with the operation thereof, all consistent with the requirements of Section 42 of the Internal Revenue Code and any applicable Rural Development rules and regulations. The Partnership shall engage in no other business or activity.

3. Registered Agent. The name of the Registered Agent for service of process of the Limited Partnership is Patricia Kenney.
4. Address for Registered Agent. The post office address for the Registered Agent is 701 White Blvd., Inverness, FL 34453.
5. The location of the principal place of business is to be 701 White Blvd., Inverness, FL 34453.
6. The name and business address of each General Partner interested in the Partnership are as follows:

N31431

<u>NAME:</u>	<u>BUSINESS ADDRESS:</u>
Florida Low Income Housing	701 White Blvd.
Associates, Inc.	Inverness, FL 34453

7. Name and business address of each Limited Partners interested in the Partnership is as follows:

<u>NAME:</u>	<u>BUSINESS ADDRESS:</u>
Dan Wilson	701 White Blvd.
	Inverness, FL 34453

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TALLAHASSEE, FLORIDA

8. The Partnership shall continue in full force and effect until December 31, 2060, except that the Partnership may be dissolved and its assets liquidated prior to such date as provided for in the Partnership Agreement.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership this 28 day of July, 2009.

FLORIDA LOW INCOME HOUSING
ASSOCIATES, INC., A FLORIDA NOT-FOR-
PROFIT CORPORATION

BY: Patricia Kenney
PATRICIA KENNEY

ITS: EXECUTIVE DIRECTOR

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 am familiar with and accept the obligations of my position as registered agent.

STATE OF FLORIDA
COUNTY OF Citrus

The foregoing CERTIFICATE OF LIMITED PARTNERSHIP was acknowledged before me by PATRICIA KENNEY, as Executive Director for Florida Low Income Housing Associates, Inc., who is:

☒ Personally known by me, OR
☐ Produced a driver's license as identification.

Dated: this 28 day of July, 2009.



DEBRA N. VERGONA
MY COMMISSION # DD 4-
EXPIRES: March 6, 2010
Bonded Thru Budget Notary Services

Debra N. Vergona
Print Name: Debra N. Vergona
Notary Public, State of Florida
Commission number _____
Commission expires _____



DEBRA N. VERGONA
MY COMMISSION # DD 489016
EXPIRES: March 6, 2010
Bonded Thru Budget Notary Services