

# A09000000651

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000199142 3)))



H090001991423ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2009 SEP 11 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

09 SEP 11 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LP/LLLP

### SCOTT CARVER IIB, LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

C. LEWIS

SEP 14 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 SEP 11 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. SCOTT CARVER IIB, 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 L.L.L.P.

2. 1415 OLIVE STREET, SUITE 310  
(Street address of initial designated office)

SAINT LOUIS, MO 63103-2334

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 63103-2334

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

FILED

2009 SEP 11 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 8. Name and business address of each general partner:

Name:Business Address:SCOTT CARVER GP, INC.1415 OLIVE STREET, SUITE 310

FD9000001969

SAINT LOUIS, MO 63103-2334Reliance-Scott Carver IIB, LLCc/o RELIANCE HOUSING FOUNDATION

LD90000087471

516 NE 13TH STREETFORT LAUDERDALE, FL 33304

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 9TH day of SEPTEMBER, 2009

Signature of each general partner: \_\_\_\_\_

SEE ATTACHED SIGNATURE PAGE

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

FILED

2009 SEP 11 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE PAGE  
FOR  
CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP

SCOTT CARVER HB, LIMITED PARTNERSHIP

Signed this 9<sup>th</sup> day of September 2009.

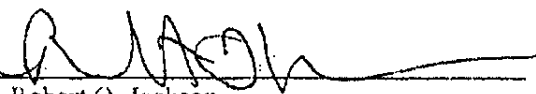
Signature of each general partner:

SCOTT CARVER GP, INC.  
a Missouri corporation, General Partner

By:   
Hillary B. Zimmerman  
Vice President

RELIANCE-SCOTT CARVER IIC, LLC  
A Florida limited liability company, General Partner

BY: RELIANCE HOUSING FOUNDATION, INC.,  
a Florida nonprofit corporation, Sole Member

By:   
Robert O. Jackson  
President