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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

*File LP
2nd*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

NOV - 6 2009

FLORIDA/FOREIGN LP/LLLP

LF2 JACARANDA LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LF2 JACARANDA LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Sharon K. Gray

(Contact Person)

Triad Professional Services, LLC

(Firm/Company)

2050 Marconi Drive, Ste. 150

(Address)

Alpharetta, GA 30005

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Sharon K. Gray

(Name of Contact Person)

at (770) 777-2091

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☒ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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

1. LF2 JACARANDA LP

(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. 4650 Donald Ross Road, Suite 200

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

4. 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Weston, FL 33331

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 an accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: [Signature]

Signature of Registered Agent

6. 2851 John Street, Suite One

(Mailing address of initial designated office)

Markham, Ontario L3R 5R7

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:LF2 Jacaranda GP LLC4650 Donald Ross Rd., Ste. 200Palm Beach Gardens, FL 33418

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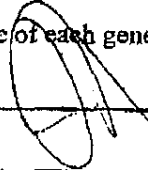
FILED

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 4th day of November, 2009

Signature of each general partner:



ROBERT S. GREEN, MANAGER

Filing Fees:**Certified Copy (optional):****Certificate of Status (optional):**

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

\$52.50

\$8.75

Page 2 of 2

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