

A10000000415

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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) 558-1515

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
THE WAVES APARTMENTS, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

S. HAWKES
AUG 2 - 2010
EXAMINER

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

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TALLAHASSEE, FLORIDA

1. The Waves Apartments, 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. 737 N Michigan Ave; Suite 1700

(Street address of initial designated office)

Chicago, IL 60611

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301-2525

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:

Karen R. Byer, Asst. Secretary
Signature of Registered Agent

6. 737 N Michigan Ave; Suite 1700

(Mailing address of initial designated office)

Chicago, IL 60611

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

8. Name and business address of each general partner:

Name:Business Address:

BOA Partnership GP, LLC

737 N Michigan Ave; Suite 1700

Chicago, IL 60611

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 29 day of July, 2010

Signature of each general partner: \

Megan Wolf

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2