

Division of Corporations

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Florida Department of State
Division of Corporations
Tallahassee, Florida

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.

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To:

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

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

****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/LLP GK Falls of Jensen Beach LLLP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

RECEIVED

10 DEC -3 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1000054291

D. BRUCE

DEC 6 2010

EXAMINER

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December 6, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
GUNSTER, YOAKLEY, ETAL, (WEST PALM BEACH)

SUBJECT: GK FALLS OF JENSEN BEACH LLLP
REF: W10000056291

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H10000260482
Letter Number: 010A00028218

FILED
10 DEC -3 AM 11:58
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
GK FALLS OF JENSEN BEACH LLLP
(A Florida Limited Liability Limited Partnership)**

The undersigned, for the purpose of forming a limited partnership under the laws of the State of Florida, pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act"), hereby adopts the following Certificate of Limited Partnership:

ARTICLE I – Name:

The name of the Limited Partnership is **GK Falls of Jensen Beach LLLP** (the "Partnership").

ARTICLE II – Address:

The street address of the initial designated office is: 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401.

ARTICLE III – Name Of Registered Agent:

The name of the Registered Agent for Service of Process is Corporation Service Company.

ARTICLE IV – Registered Office:

The street address of the Registered Office is 1201 Hays Street, Tallahassee, Florida 32301.

ARTICLE V – Acceptance of Designation as Registered Agent:

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in these Articles of Organization, Corporate Creations Network, Inc. hereby accepts the appointment as registered agent and agrees to act in this capacity. Corporate Creations Network, Inc. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and Corporate Creations Network, Inc. is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 620, F.S.

CORPORATE CREATIONS NETWORK, INC.

By: _____

James Perkins, Senior VP

Jim Perkins, Vice President

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10 DEC -3 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - Mailing Address Of Initial Designated Office:

The mailing address of the initial designated office is 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401.

ARTICLE VII - Election As Limited Liability Limited Partnership:

This Partnership elects to be a Florida Limited Liability Limited Partnership.

ARTICLE VIII - Name and Address Of General Partner(s):

The name and street address of each general partner is as follows:

General Partner:

GK GP LLC
701 South Olive Avenue
Suite 104
West Palm Beach, FL 33401

LD9000118300

ARTICLE IX - Effective Date:

If other than the date of filing of this Certificate of Limited Partnership, the effective date of the Limited Partnership's formation is N/A.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Limited Partnership effective as of this _____ day of December, 2010.

REQUIRED SIGNATURES:

GENERAL PARTNER:

GK GP LLC,
General Partner

By: _____

William Johnson, Manager

CLERK OF STATE
TALLAHASSEE, FLORIDA

10 DEC -3 AM '10 58

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ARTICLE VI - Mailing Address Of Initial Designated Office:

The mailing address of the initial designated office is 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401.

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This Partnership elects to be a Florida Limited Liability Limited Partnership.

ARTICLE VIII - Name and Address Of General Partner(s):

The name and street address of each general partner is as follows:

General Partner: GK GP LLC
701 South Olive Avenue
Suite 104
West Palm Beach, FL 33401

ARTICLE IX - Effective Date:

If other than the date of filing of this Certificate of Limited Partnership, the effective date of the Limited Partnership's formation is N/A.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Limited Partnership effective as of this _____ day of December, 2010.

REQUIRED SIGNATURES:

GENERAL PARTNER:

GK GP LLC,
General Partner

By: 

William Johnson, Manager

WPB 1101696.1

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