

Feb. 24. 2011

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No. 2011 P. 1 of 1

Florida Department of State
Division of Corporations
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L. SELLERS
FEB 25 2011
EXAMINER

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

Email Address: charone@saxongilmore.com

FLORIDA/FOREIGN LP/LLLP
Twin Lakes at Lakeland, LLLP

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

1. TwIn Lakes at Lakeland, LLLP

(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. 430 Hartsell Avenue

(Street address of initial designated office)

Lakeland, FL 33815

3. Bernice S. Saxon, Esq.

(Name of Registered Agent for Service of Process)

4. 201 E. Kennedy Boulevard, Suite 600

(Florida street address for Registered Agent)

Tampa, FL 33602

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. 430 Hartsell Avenue, Lakeland, FL 33815

(Mailing address of initial designated office)

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:

Lakeland-Polk Housing Corporation

430 Hartsell Avenue

Lakeland, FL 33815

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 1st day of February, 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lakeland-Polk Housing Corporation,
a Florida non-profit corporation

By: Herbert Hernandez, Secretary

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

((H11000050509 3)))