

Division of Corporations **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.

(((H110002353763)))



H110002353763ABC

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 : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number: I19990000006

Phone Fax Number : (407) 425-7010 ; (407) 425-2747

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

FLORIDA/FOREIGN LP/LLLP RL Mortgage Limited Partnership

Certificate of Status	0
Certified Copy	<u>I</u>
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan SEP 282011

さいこうかいけんがのないのでは、 はい はない 一、後にはまるがは、 他にはないない。 それは、 ないないない

FILED

11 SEP 27 AM 8: 24

SECRETARY OF STATES
TALLAHASSEE, FLORIDA

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

I. RL MORTGAGE 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 LLLP.
2, 316 E. Robinson Street, Suite 600, Orlando, Florida 32801
(Street address of initial designated office)
3. N. Dwayne Gray, Jr., Esquire
(Name of Registered Agent for Service of Process)
4 315 E. Robinson Street, Suite 600, Orlando, Florida 32801
(Florida street address for Registered Agent)
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
6,315 E. Robinson Street, Suite 600, Orlando, Florida 32801
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

 Name and business address of each g Name: 	general partner: <u>Business Address:</u>		
RL Mortgage General Partner, Inc.	315 E. Robinson Street, Suite 600		
P11-84/e6/	Orlando, Florida 32801		
9. Effective date, if other than the date of filing	:Upon Fillng		
filed by the Florida Department of State	•		
Signed this abth day of S	eptember 2011		
stated herein are true. I/We am/are awar	submit this document and affirm that the facts re that any false information submitted in a statisticates a fhird degree felony as provided for in	s =	
By: Falf 1210 flucenese		l SEP	n) Paris
As President of RL Mortgage General Partner, Its: General Partner	Inc.	27	
Certified Copy (optional): \$2	1,000.00 (\$965 Piling Fee and \$35 Registered Agent Fee)		E
	1.75 Page 2 of 2	: 25	