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.

(((H110002713793)))



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 : SHUTTS & BOWEN, LLP

Account Number : 075447000313

Phone

: (305)358 6300

Pax Number

: (305)381-9982

**Enter the amail 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 PALM LAKE RENOVATION, LLLP

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

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu NOV 16 2011 Help

EXAMINER

H11000271379 3

MIADOCS 5830106 1

CERTIFICATE OF LIMITED PARTNERSHIP OF PALM LAKE RENOVATION, LLLP

ARTICLE I

The name of the limited partnership is PALM LAKE RENOVATION, LLLP

ARTICLE 2 ADDRESS

The principal place of business and mailing address of the limited partnership is:

275 Battery Street Suite 500 San Francisco, CA 94111

ARTICLE 3 REGISTERED AGENT

The name of the registered agent for service of process is NRAI Services, Inc.

ARTICLE 4 ADDRESS OF REGISTERED AGENT

The street address for the registered agent is 515 East Park Avenue, Tallahassee, FL 32301.

ARTICLE 5 GENERAL PARTNER

The name and business address of the sole general partner are as follows:

Rainbow Housing Assistance Corporation 275 Battery Street Suite 500 San Francisco, CA 94111

The limited partnership elects to be a limited liability limited partnership.

SECRETARY OF STATE

Under penalties of perjury, the undersigned declares to have read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 14th day of November, 2011.

General Partner

RAINBOW HOUSING ASSISTANCE CORPORATION a California non-profit public benefit corporation

Name: Flynam Janisse

Title: Executive Director

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

DATED THIS 15 DAY OF NOVEMBER, 2011

By: Jose Gastellanos, Asst. Secretary

Title: National Registered Agents, Inc.