

A110000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

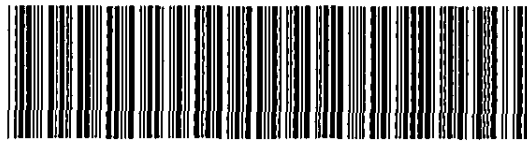
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/11--01007--016 **1061.25

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC -2 AM 10:35
NOT RECORDED
TO ACKNOWLEDGE
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11 DEC -2 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -2 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Gardens at Belle Glade, L.P.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Van Johnson, Executive Director

Contact Person

Palm Beach County Housing Authority

Firm/Company

3432 W 45th Street

Address

West Palm Beach, FL 33407

City, State and Zip Code

vjohnson@pbchaf.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Van Johnson

at (561)

684-2160

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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11 DEC -2 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Palm Gardens at Belle Glade, L.P.

(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. 3432 W 45th Street
(Street address of initial designated office)

West Palm Beach, FL 33407

3. Van Johnson
(Name of Registered Agent for Service of Process)

4. 3432 W 45th Street
(Florida street address for Registered Agent)

West Palm Beach, FL 33407

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.

By: Van Johnson
Signature of Registered Agent

6. 3432 W 45th Street
(Mailing address of initial designated office)

West Palm Beach, FL 33407

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:

Palm Garder Oct Belle Glade GP LLC
#L11000136030

3432 W 45th Street

West Palm Beach, FL 33407

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11 DEC -2 AM 10:18
STATE DEPT OF STATE
FILING OFFICE
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: 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 December, 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.

Van Johnson

President, Palm Gardens, LLC

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