

A120000000175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

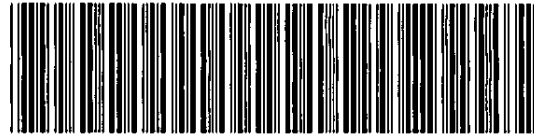
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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12 APR -2 AM 9:57
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TALLAHASSEE, FLORIDA

B. BOSTICK
APR - 4 2012
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lakeside Investments of

Winter Haven, Florida, LP

04/02/12 Original Date of Submission

Signature _____

Requested by: SETH

04/03/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
FILE DATE.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Courier _____

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
Lakeside Investments of Winter Haven, Florida, LP
A Florida Limited Partnership**

1. The name of the Limited Partnership is Lakeside Investments of Winter Haven, Florida, LP
2. The street address of the initial designated office of the Limited Partnership is 400 Avenue K, Suite 3, Winter Haven, Florida 33885.
3. The name and street address of the registered agent for service of process on the Limited Partnership is Richard E. Straughn, Esq., 255 Magnolia Ave. SW, Winter Haven, FL 33880.
4. Signature of Registered Agent: (to accept designation as Registered Agent)


Registered Agent

5. The mailing address of the initial designated office of the Limited Partnership is Post Office Box 3096, Winter Haven, Florida 33883-3096.
6. The Limited Partnership has a perpetual duration.
7. Name of general partner: Business Address:

Lakeside Apartments of Winter Haven, LLC 400 Avenue K, Suite 3
Winter Haven, Florida 33885

L/2000034581

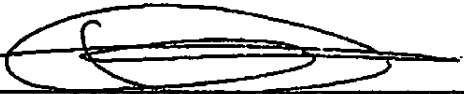
8. This document shall be effective at the time of its filing with the Florida Department of State.

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TALLAHASSEE, FLORIDA

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed on March 30, 2012.

Signatures of all general partners:



Richard E. Straughn, as Authorized Agent of
Lakeside Apartments of Winter Haven, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

CAPITAL CONNECTION, INC.

SUBJECT: LAKESIDE APARTMENTS OF WINTER HAVEN, LP
Ref. Number: W12000018527

We have received your document for LAKESIDE APARTMENTS OF WINTER HAVEN, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L12000034581,

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 012A00010839