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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MOORE
Account Number : 072731001155
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA/FOREIGN LP/LLLP

Central Florida Assisted Living Communities, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

D. BRUCE

JUN 05 2012

EXAMINER

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

1. Central Florida Assisted Living Communities, Ltd.

(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. 154 N. Ryan Street

(Street address of initial designated office)

Santa Rosa Beach, Florida 32459

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700

(Florida street address for Registered Agent)

Tampa, Florida 33606

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. 154 N. Ryan Street

(Mailing address of initial designated office)

Santa Rosa Beach, Florida 32459

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:

Florida Gulf Coast Regional Center, LLC

154 N. Ryan Street

Santa Rosa Beach, FL 32459

L12-38024

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 5th day of June, 2012.

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.

FLORIDA GULF COAST REGIONAL CENTER, LLC

By: Rookis Development Company, a Florida corporation, its Manager

By: 792

Richard J. Rookis, President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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