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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383 *

From:
Account Name : STONELEIGH COMPANIES, LLC
Account Number : I20120000016
Phone : (224)770-4600
Fax Number : (224)770-4609

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

Email Address: klynch@stoneleighcos.com

FLORIDA/FOREIGN LP/LLLP
SC Stonecastle, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$1,061.25

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S. MCLEOD
DEC 17 2012
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC Stonecastle, LLLP
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:

Kelley Lynch
Contact Person

Stoneleigh Companies, LLC
Firm/Company

760 W. Main Street, Suite 140
Address

Barrington, IL 60010
City, State and Zip Code

klynch@stoneleighcos.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelley Lynch at (224) 770-4600
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)

H12-0002932843

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

1. SC Stonecastle, LLLP

(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. 760 W. Main Street, Suite 140
(Street address of initial designated office)

Barrington, IL 60010

3. Haddock Professional Association
(Name of Registered Agent for Service of Process)

4. 3300 University Blvd., Suite 218
(Florida street address for Registered Agent)

Winter Park, FL 32792

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.*

Todd E. Haddock
Signature of Registered Agent

6. 760 W. Main Street, Suite 140
(Mailing address of initial designated office)

Barrington, IL 60010

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:
Stoneleigh Manager SCSC, LLC	760 W. Main Street, Ste. 140 Barrington, IL 60010

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 13th day of December, 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.

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**