

04/19/2013 09:04 HPQS

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P.001/003

Division of Corporations

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**A130000002014**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GREENE HAMRICK QUINLAN SCHERMER & ESPOSITO, P.A.  
Account Number : I19990000030  
Phone : (941) 747-1871  
Fax Number : (941) 745-2866

**\*\*Enter the email 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  
Rowland Place Development, LP**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

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2013 APR 19 AM 8:32

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APR 22 2013

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

1. Rowland Place Development, LP

(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. 2201 4th Street North, Suite 200

(Street address of initial designated office)

St. Petersburg, FL 337043. Robert F. Greene, Esq.

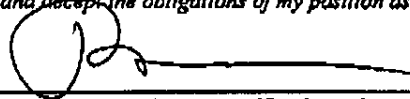
(Name of Registered Agent for Service of Process)

4. 601 12th Street West

(Florida street address for Registered Agent)

Bradenton, FL 34205

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. 2201 4th Street North, Suite 200

(Mailing address of initial designated office)

St. Petersburg, FL 337047. 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:JMC of St. Pete RP, Inc.2201 4th Street North, Suite 200St. Petersburg, FL 33704

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STATE  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL 32399-0001

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## 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 18th day of April, 2013

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.

JMC of St. Pete RP, Inc.By: Name: Dan A. BaanTitle: Vice President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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