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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

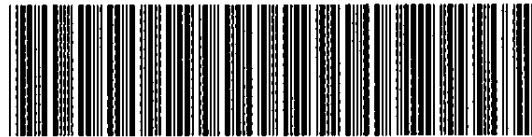
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JUN 28 2012

B. KOHR

JUN 25 2012

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06/25/13--01002--026 **1263.75

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JUN 25 PM 2:01
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SUFFICIENCY OF FILING

FILED
13 JUN 25 PM 2:29
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee EB5 Investment Fund, 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:

Juan Yang

Contact Person

Firm/Company

1926 Ocean Shore Blvd.,

Address

Ormond Beach, FL, 32176

City, State and Zip Code

bxy2004@gmail.com

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

For further information concerning this matter, please call:

Juan Yang

Name of Contact Person

at (850) 445-9677

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)

FILED
13 JUN 25 PM 2:24
TALLAHASSEE, FLORIDA

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

1. Tallahassee EB5 Investment Fund, 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.P.,
or LLLP.

2. 1953 Thomasville Rd, Suite 101
(Street address of initial designated office)

3. Juan Yang
(Name of Registered Agent for Service of Process)

4. 1926 Ocean Shore Blvd., #111
(Florida street address for Registered Agent)
Ormond Beach, FL 32176

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.

Juan Yang

Signature of Registered Agent

6. 1953 Thomasville Rd, Suite 101
(Mailing address of initial designated office)

Tallahassee, FL 32303

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:

Florida BJ Management
Company, LLC

208 Waynard Way

Tallahassee, FL 32317

L130000-91240

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 25th day of June, 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75