Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone

; (770)777-2091

Fax Number

: (770)220-1943

\*\*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 OCDC PALM VILLAGE L.P.

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CR213030 (01/05)

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OCDC Palm Village, L.P. Namo of Floridu Limited Partnership or Limited Limited Partner	rship
The enclosed Certificate of Limited Partnership and fees are submitted for filing.	ı
Please return all correspondence concerning this matter to:	•.
Shelli Willis de Roos	78
Contact Parson	CR
Amail Golden Gregory LLP	
Firm/Company	35E A
171 17th Street, NW, Suite 2100	
	ES S
Atlanta, GA 30363 City, State and Zip Code	
Shelll.deRoos@AGG.com	
U-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebecca Saferstein at (404 ) 870-5604	
Name of Coutact Person Area Code and Daytime Telephone Nu	miser
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$1,052.50 Filing Fees and Certified Copy \$35 Registered Agent Status  \$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certified Copy and Certified Copy C	y, und
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	

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

Acceptable Limited Parinership suffixes: Limited Partnership, Limited, L.P., L.P., or L Acceptable Limited Elebility Limited Partnership suffixes: Limited Liability Limited I or LLLP.	
2, 204 Cloverdale Blvd, Ft Walton Beach, Ft 32547	-
(Street address of initial designated office)	i. A
3. Aaron Wentz	S
(Name of Registered Agent for Service of Process)	វិកា ពួកភ
4,814A Shadow Lane, Ft. Walton Beach, FL 32547	-17
(Florida street address for Registered Agent)	อล เมื่อ
5. I heroby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete performe and I am familiar with and accept the obligations of my position as registered agent.	ity. I further agree to inco of my duties,
Signature of Rogistered Agent	
Signature of Registered Agent 6, 204 Cloverdale Blvd, Ft Walton Beach, FL 32547	

Page 1 of 2

8. Name and business address of a Name:	each general partner: Business Address:
Community Housing of Okaloosa County, L	.c 204 Cloverdale Blvd
108-116828	Ft. Walton Beach, FL 32547
	A S
	D> ⊃ Comp (Y
	. S.S.
	्रा भ
	- F.
9. Effective date, if other than the date of	·
(Esfactive date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date the document is State.)
Signed this day	•
Signature of each general partner: I stated herein are true. I/We am/are document to the Department of States, 17,155, F.S.	I/We submit this document and affirm that the facts aware that any false information submitted in a see constitutes a third degree felony as provided for in
Opaluera Commity A	uchynet
(-mailsofien	
Ciling Feas: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Ree and \$35 Registered Agent Poo) \$52.50 \$8.75 Page 2 of 2