

A13000000523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

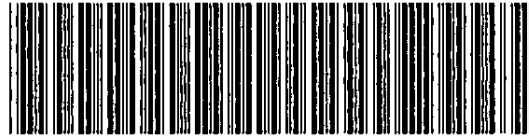
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
13 SEP 10 AM 11:05  
SECURITY AT STATE  
TALLAHASSEE, FLORIDA

↓ 8:00 PM SEP 17 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Royal Oaks, LP

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:

Bonnie Chafin

Contact Person

RHA/Housing, Inc.

Firm/Company

3060 Peachtree Road, N.W., Suite 900

Address

Atlanta, GA 30305

City, State and Zip Code

bchafin@rhanet.org

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

For further information concerning this matter, please call:

Peter Wright

Name of Contact Person

at ( 404 ) 968-2678

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)

13 SEP 10 AM 11:05  
RECEIVED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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

1. Royal Oaks, 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. 3060 Peachtree Road, N.W., Suite 900

(Street address of initial designated office)

Atlanta, GA 30305

3. CT Corporation System

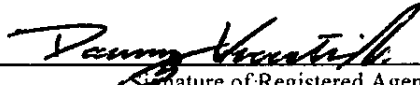
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, FL 33324

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  
Danny Verdecchia, Jr. Asst. Secretary

6. 3060 Peachtree Road, N.W., Suite 900

(Mailing address of initial designated office)

Atlanta, GA 30305

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Royal Oaks GP, LLC

3060 Peachtree Road, N.W., S900

Atlanta, GA 30305

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 29 day of August, 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.

Royal Oaks GP, LLC, General Partner

By: Royal Oaks Management, Inc., Managing Member

By:   
Chase Northcutt, 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**