

# A13000000527

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(Address)

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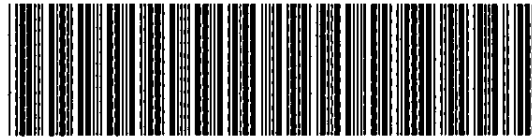
(Business Entity Name)

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13 SEP 18 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/18

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach  
**DATE:** 09/17/13  
**REF. #:** 8896431  
**CORP. NAME:** HP CREEKSIDE, LLLP

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TALLAHASSEE, FLORIDA

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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

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STATE FEES PREPAID WITH CHECK# 70007180 FOR \$ 1008.75

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

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| <input type="checkbox"/> CERTIFICATE OF STATUS |  |  |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
HP CREEKSIDE, LLLP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. **Name of the Partnership.** The name of the Partnership shall be HP Creekside, LLLP.

2. **Address of Designated Office.** The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at **5550 W. Executive Drive, Suite 550, Tampa, Florida 33609.**

3. **Agent for Service of Process.** The name of the Partnership's agent for service of process is **Chadwick W. Harrod**. The street address of the registered agent of the Partnership is **5550 W. Executive Drive, Suite 550, Tampa, Florida 33609.**

4. **Name and Address of the General Partner.** The name and address of the General Partner of the Partnership are as follows:

**Name**

**Address**

Harrod Development, Inc. ✓

5550 W. Executive Drive, Suite 550  
Tampa, Florida 33609

5. **Mailing Address for the Partnership.** The mailing address for the Partnership shall be **5550 W. Executive Drive, Suite 550, Tampa, Florida 33609.**

6. **Term.** The term for which the Partnership is to exist shall be in accordance with the Limited Liability Limited Partnership Agreement for the Partnership.

7. **Limited Liability Limited Partnership.** The Partnership elects to be a limited liability limited partnership.

**DATED** this 17<sup>th</sup> day of September, 2012.

**HARROD DEVELOPMENT, INC.**

By: \_\_\_\_\_

Chadwick W. Harrod, President

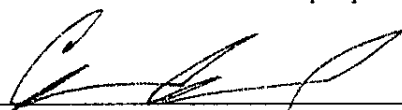
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### ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
Chadwick W. Harrod

Dated: September 17, 2012

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