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J. SAULSBERRY  
EXAMINER

SEP 25 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 820138 7407027

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE : September 24, 2013

ORDER TIME : 3:23 PM

ORDER NO. : 820138-005

CUSTOMER NO: 7407027

DOMESTIC FILING

NAME: CECIL GOBER, LLLP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

2013 SEP 24 AM 8:43  
FBI - NEW YORK

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

1. CECIL GOBER, LLLP

(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. 430 Hartsell Avenue

(Street address of initial designated office)

Lakeland, FL 33815

3. Bernice S. Saxon, Esq.

(Name of Registered Agent for Service of Process)

4. 201 E. Kennedy Boulevard, Suite 600

(Florida street address for Registered Agent)

Tampa, FL 33602

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. 430 Hartsell Avenue, Lakeland, FL 33815

(Mailing address of initial designated office)

7. 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:

Lakeland-Polk Housing Corporation

430 Hartsell Avenue

Lakeland, FL 33815

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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 24th day of September, 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.

**Lakeland-Polk Housing Corporation,  
a Florida not for profit corporation**

By: 

**Benjamin Stevenson, Secretary**

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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