

A13000000583

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Angelica M. Chien, Corporate Paralegal
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7750

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

gcohen@shutts.com

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FLORIDA/FOREIGN LP/LLLP
SPRINGFIELD SENIOR REDEVELOPMENT, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

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

1. SPRINGFIELD SENIOR REDEVELOPMENT, LTD.

(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 L.L.P.

2. 2940 GRADY ROAD
(Street address of initial designated office)

TALLAHASSEE, FLORIDA 32312-2210

3. CORPORATION COMPANY OF MIAMI
(Name of Registered Agent for Service of Process)

4. 201 SOUTH BISCAYNE BOULEVARD, SUITE 1600 (GJC)
(Florida street address for Registered Agent)

MIAMI, FLORIDA 33131

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.

CORPORATION COMPANY OF MIAMI

By: Raul J. Salas Raul J. Salas, President
Signature of Registered Agent

6. 2940 GRADY ROAD
(Mailing address of initial designated office)

TALLAHASSEE, FLORIDA 32312-2210

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:Business Address:PHG - SPRINGFIELD II, LLC9400 S. DADELAND BLVD., SUITE 100LI3-136034MIAMI, FLORIDA 33156SPRINGFIELD REVITALIZATION2940 GRADY ROADII, LLCLI3-135648TALLAHASSEE, FLORIDA 32312-2210

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 TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: N/A

(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 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.

PHG - SPRINGFIELD II, LLCSPRINGFIELD REVITALIZATION II, LLCBy Gary J. CohenBy Walter Kelly

Gary J. Cohen, Authorized Representative

Walter Kelly, Authorized Representative

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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