

#A/400000018

1/9/14

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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H140000064953ABCs

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

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14 JAN -9 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

Liberty Shelter Funding I, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

K. SALY
EXAMINER
JAN 10 2014

Electronic Filing Menu

Corporate Filing Menu

Help

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

FILED
2014 JAN -9 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Liberty Shelter Funding I, 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.L.P.
or LLLP.

2. 201 South Biscayne Boulevard, Suite 2800

(Street address of initial designated office)

Miami, Florida 33131

3. Corporate Creations Network Inc.

(Name of Registered Agent for Service of Process)

4. 11380 Prosperity Farms Road, Suite 221E

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33410

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.*



Jessica Morales, Special Secretary

Signature of Registered Agent

6. P.O. Box 213517

(Mailing address of initial designated office)

West Palm Beach, FL 33421

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

8. Name and business address of each general partner:

Name:

Business Address:

LSF General Partner, LLC

P.O. Box 213517

West Palm Beach, FL 33421

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 9th day of January, 2014.

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.

Jessica Morales

LSF General Partner, LLC, General Partner
by: Jessica Morales, Attorney in Fact

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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