

A140000000/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

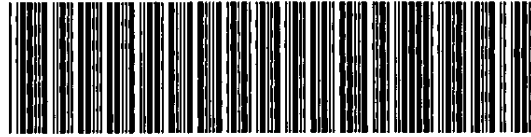
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAR - 3 2014

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writer's direct email
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February 27, 2014

Via Federal Express Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Senior Premier Living, L.P.

Dear Sir/Madam:

Enclosed please find a Certificate of Limited Liability Partnership together with the filing fee of \$1,000.00. Thank you for your assistance concerning this matter.

Sincerely,



Sharon D. Morgan
For C. Nick Asma Esquire

:sm
Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. SENIOR PREMIER LIVING, L.P.

(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. 13650 W. COLONIAL DRIVE SUITE 190

(Street address of initial designated office)

WINTER GARDEN FLORIDA 34787

3. C. NICK ASMA ESQUIRE

(Name of Registered Agent for Service of Process)

4. 884 SOUTH DILLARD STREET

(Florida street address for Registered Agent)

WINTER GARDEN FLORIDA 34787

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. 13650 W. COLONIAL DRIVE SUITE 190

(Mailing address of initial designated office)

WINTER GARDEN FLORIDA 34787

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:

FLORIDA GATEWAY

7516 113TH BLVD.

m14-8

JASPER FLORIDA 32052

REGIONAL CENTER, LLC

L14-3532

SENIOR PREMIER LIVING, LLC

13650 W. COLONIAL DRIVE SUITE 190

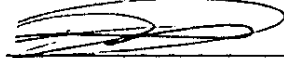
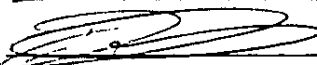
WINTER GARDEN FL 34787

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 27 day of February, 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.

Karamchand Doobay
Karamchand Doobay

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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TALLAHASSEE, FLORIDA

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