

A14000000387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

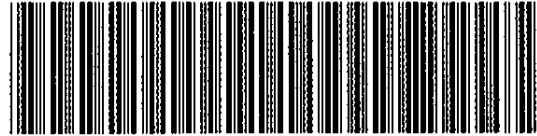
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
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FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 28 2014
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 228268 12000A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 0000.00

ORDER DATE : July 24, 2014

ORDER TIME : 11:33 AM

FILE SECOND
GP QUAL ATTACHED.

ORDER NO. : 228268-005

CUSTOMER NO: 12000A

DOMESTIC FILING

NAME: DRV 25, LLLP

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

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

1. DRV 25, 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. 4650 Donald Ross Road, Suite 200

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Peter Brock

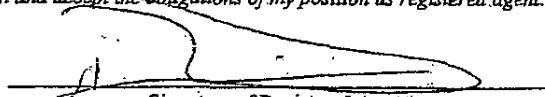
(Name of Registered Agent for Service of Process)

4. 4650 Donald Ross Road, Suite 200

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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. 4650 Donald Ross Road, Suite 200

(Mailing address of initial designated office)

Palm Beach Gardens, FL 33418

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:

Brock/DRV 25, Inc.

4650 Donald Ross Road, Suite 200

P14000062400

Palm Beach Gardens, FL 33418

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TALLAHASSEE FLORIDA

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 23 day of JULY, 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.

DRV 25, LLIP

By: Brock/DRV 25, Inc., its General Partner

By: [Signature]
Peter Brock, President

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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