

A15000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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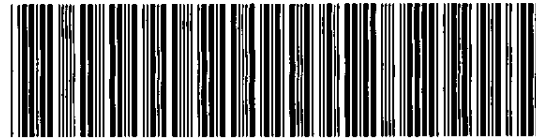
(Business Entity Name)

(Document Number)

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ACCOUNT NO. : I20000000195

REFERENCE : 461460 4328337

AUTHORIZATION :

*Spredelma*

COST LIMIT : \$ 1,061.25

ORDER DATE : January 14, 2015

ORDER TIME : 9:49 AM

ORDER NO. : 461460-025

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: AMARYLLIS PARK PLACE, LP

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams - EXT. 62935

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

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

1. Amaryllis Park Place, LP

(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. 269 S. Osprey Avenue, Suite 100

(Street address of initial designated office)

Sarasota, FL 34236

3. William O. Russell III

(Name of Registered Agent for Service of Process)

4. 269 S. Osprey Avenue, Suite 100

(Florida street address for Registered Agent)

Sarasota, FL 34236

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. 269 S. Osprey Avenue, Suite 100

(Mailing address of initial designated office)

Sarasota, FL 34236

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:

Amaryllis Park Place SHA, LLC

269 S. Osprey Avenue, Suite 100

L15-8870

Sarasota, FL 34236

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 13<sup>th</sup> day of January, 2015

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.

See Attached Signature Page

**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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**ATTACHMENT TO  
CERTIFICATE OF  
LIMITED PARTNERSHIP  
FOR FLORIDA LIMITED PARTNERSHIP**


**Amaryllis Park Place, LP**

**SIGNATURE PAGE TO CERTIFICATE OF LIMITED PARTNERSHIP**

**Amaryllis Park Place, LP**

By: Amaryllis Park Place SHA, LLC, its sole general partner

By: Sarasota Housing Authority, sole member of Amaryllis Park Place SHA, LLC

By:   
Name: William O. Russell III  
Title: President and CEO

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