

Division of Corporations

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A15000000087

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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Division of Corporations
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

** Please give to Tammy Hampton *
From: Christina*

**FLORIDA/FOREIGN LP/LLP
SULZBACHER CENTER FOR WOMEN AND CHILDREN, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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TALLAHASSEE, FLORIDA

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

1. SULZBACHER CENTER FOR WOMEN AND CHILDREN, 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. 611 EAST ADAMS STREET
(Street address of initial designated office)

JACKSONVILLE, FL 32202

3. RAX CO.
(Name of Registered Agent for Service of Process)

4. 50 NORTH LAURA STREET, SUITE 3300
(Florida street address for Registered Agent)

JACKSONVILLE, FL 32202

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 Lisa A. Purvis, Vice President

6. 611 EAST ADAMS STREET
(Mailing address of initial designated office)

JACKSONVILLE, FL 32202

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:

SULZBACHER VILLAGE, LLC

611 EAST ADAMS STREET

L15-18935

JACKSONVILLE, FL 32202

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 2nd day of FEBRUARY, 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.

Sulzbacher Village, LLC, by its sole member
By: I.M. Sulzbacher Center for the Homeless, Inc.

By: Cindy Funkhouser
Cindy Funkhouser, President & CEO

Filing Fees:
Certified Copy (optional):
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
\$52.50
\$8.75

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