Certificate of Limited Partnership

A15000000218
FILED
April 01, 2015
Sec. Of State
nculligan

Name of Limited Partnership:

FLORIDA AVENUE APARTMENTS, LP

Street Address of Limited Partnership:

209 TOWN CENTER BLVD.
DAVENPORT, FL. 33896

Mailing Address of Limited Partnership:

209 TOWN CENTER BLVD.
DAVENPORT, FL. 33896

The name and Florida street address of the registered agent is:

HEIDI J MARLING
209 TOWN CENTER BLVD.
DAVENPORT, FL. 33896

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: HEIDI J MARLING

The name and address of all general partners are:

Title: G
FLORIDA AVENUE APARTMENTS, LLC
209 TOWN CENTER BLVD.
DAVENPORT, FL. 33896

Signed this First day of April, 2015

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: HEIDI J MARLING

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.