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5/11/2015 12:36:16 PM From: To: 8506176833 (1/5)

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000110696 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

*RE-SUBMIT

Please include date of submission

File 2nd
After GP
is filed
HIS-110695
5/6

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

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15 MAY 11 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA/FOREIGN LP/LLLP
SHS Oakwood Villa, LP

Certificate of Status	0
Certified Copy	0
Page Count	04.5
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FILED
May 06, 2015 08:00 AM
Secretary of State

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5/11/2015 12:36:56 PM From: To: 8506176383(2/5)
850-617-6381 5/11/2015 9:46:01 AM PAGE 1/001 fax server



May 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: SHS OAKWOOD VILLA, LP
REF: W15000032283

Please retain original filing
date of submission 5/6

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Terri J Schroeder
Regulatory Specialist II

FAX Aud. #: H15000110696
Letter Number: 315A00009494

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15 MAY 11 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHS Oakwood Villa, LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Stephen H. Schneider

Contact Person

Norfolk, LLC

Firm/Company

2100 South Ocean Lane, unit 512

Address

Pt Lauderdale, FL 33316

City, State and Zip Code

kcnsp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen H. Schneider

at (508) 868-7505

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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May 06, 2015 08:00 AM
Secretary of State

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

1. SHS Oakwood Villa, 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. 2205 Spanish Moss Drive

(Street address of initial designated office)

Jacksonville, FL 32246

3. Keith A. James, Esq., Keith A. James, P.A.

(Name of Registered Agent for Service of Process)

4. 105 South Narcissus Avenue Suite 505

(Florida street address for Registered Agent)

West Palm Beach, FL 33401

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.

By: Keith A. James, Esq.

Signature of Registered Agent

6. 2205 Spanish Moss Drive

(Mailing address of initial designated office)

Jacksonville, FL 32246

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:

Norfolk GP, Inc. PIS-42309

2205 Spanish Moss Drive

Jacksonville, FL 32246

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 30th day of April, 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.


Stephen H. Schneider, President of Norfolk GP, Inc.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2