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15 JUN -4 PM 6:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W15-36530

T. Burch JUN 9 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIDDEN LAKE SENIOR LIVING, LLLP

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:

RAMON E. RASCO

Contact Person

RASCO KLOCK PEREZ NIETO

Firm/Company

2555 PONCE DE LEON BLVD. SUITE 600

Address

CORAL GABLES, FL 33134

City, State and Zip Code

MROLDAN@RASCOKLOCK.COM

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

For further information concerning this matter, please call:

RAMON E. RASCO at ( 305 ) 476-7100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)     \$1,008.75 Filing Fees and Certificate of Status     \$1,052.50 Filing Fees and Certified Copy     \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2015

RAMON E RASCO  
2555 PONCE DE LEON BLVD STE 600  
CORAL GABLES, FL 33134

SUBJECT: HIDDEN LAKE SENIOR LIVING, LLLP  
Ref. Number: W15000036530

We have received your document for HIDDEN LAKE SENIOR LIVING, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 215A00010917

RECEIVED  
15 JUN -4 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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R A S C O | K L O C K

ATTORNEYS

R A S C O | K L O C K | P E R E Z | N I E T O

Florida Department of State  
Tallahassee, Florida

Re: Hidden Lake Senior Living, LLLP Rejected Filing. Document Number W15000036530

TO WHOM IT MAY CONCERN:

Please note that the General Partner of the above name LLLP is Hidden Lake Senior Living, Inc. Our corporate structure allows both companies to share the same name. Please allow the filing of this company.

Thanks.

RAMON E. RASCO  
For the Firm



CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
HIDDEN LAKE SENIOR LIVING, LLLP.

1. HIDDEN LAKE SENIOR LIVING, LLLP.  
(Name of the Limited Partnership; must contain a suffix such as "Limited", "Ltd."  
"Limited Partnership")

2. 13780 SW 26 ST. #108, MIAMI, FLORIDA 33175  
(Business Address of Limited Partnership)

3. MIAMI CORPORATE SYSTEMS, LLC  
(Name of Registered Agent for Service of Process)

4. 2555 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FLORIDA 33134  
(Florida Street Address for Registered Agent)

5. \_\_\_\_\_  
Registered Agent must sign here to accept designation  
as Registered Agent for Service of Process.)

6. 13780 SW 26 ST. #108, MIAMI, FLORIDA 33175  
(The Mailing Address of the Limited Partnership)

7. If limited partnership elects to be a limited liability limited partnership, check box

8. NAME OF GENERAL PARTNER                      SPECIFIC ADDRESS

HIDDEN LAKE SENIOR LIVING, INC.  
13780 SW 26 ST. #108, MIAMI, FLORIDA 33175

9. Effective date, if other than the date of filing: \_\_\_\_\_

Signed this 13<sup>th</sup> day of May, 2015.

Signature of general partner:

HIDDEN LAKE SENIOR LIVING, INC.

By: Alvaro L. Adrian  
Alvaro L. Adrian, President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

This 18<sup>th</sup> day of May, 2015

HIDDEN LAKE SENIOR LIVING, INC.

By:   
Alvaro L. Adrian, President

4832-5977-1683, v. 1

**FILED**  
15 JUN -4 PM 13:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA