

Division of Corporations

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A1500000708Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7750

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

Email Address: gcohen@shutts.com

**FLORIDA/FOREIGN LP/LLLP
EQUALITY PARK, LTD.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

W15-71887

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 OCT 29 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDAOCT 30 2015
D. BRUCE

H15000259341 3

**GAY & LESBIAN COMMUNITY CENTER OF
GREATER FORT LAUDERDALE, INC.**2040 N. Dixie Highway
Wilton Manors, FL 33305

October 28 2015

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

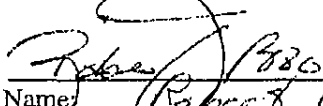
Re: EQUALITY PARK

Dear Sir or Madam:

This corporation approves and consents to the use of the Trademark **EQUALITY PARK** by the Florida limited partnership desiring to file a Certificate of Limited Partnership with the Florida Department of State, under the same name.

Please be advised that the undersigned corporation has no objection to the use and filing of such name by **EQUALITY PARK, LTD.**

Sincerely yours,

GAY & LESBIAN COMMUNITY CENTER OF
GREATER FORT LAUDERDALE, INC.By: 
Name: Robert B. Davis
Title: CEO**FILED**
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TALLAHASSEE, FLORIDA

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

1. EQUALITY PARK, 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 L.L.L.P.

2. 1398 SW 1ST STREET, 12TH FLOOR
(Street address of initial designated office)

MIAMI, FL 33135

3. STEPHANIE BERMAN
(Name of Registered Agent for Service of Process)

4. 1398 SW 1ST STREET, 12TH FLOOR
(Florida street address for Registered Agent)

MIAMI, FL 33135

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

Stephanie Berman
Signature of Registered Agent

6. 1398 SW 1ST STREET, 12TH FLOOR
(Mailing address of initial designated office)

MIAMI, FL 33135

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:

C4 EQUALITY, LLC

Business Address:

1398 SW 1ST STREET, 12TH FLOOR

MIAMI, FL 33135

L15000183064

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA9. Effective date, if other than the date of filing: N/A

(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 28th day of October, 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.

C4 EQUALITY, LLC

By: Carifour Supportive Housing, Inc., its MemberBy: Stephanie Berman
Stephanie Berman, President

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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