

A1600000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

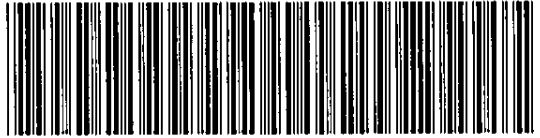
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/16--01007--005 **1061.25

RECEIVED
NOT RECORDED
18 AGENCY OF
SUFFICIENCY OF FILING
16 FEB - 5 PM 12: 21

FILED
2016 FEB - 5 PM 1: 26
OFFICE OF STATE
FALLAHASSER, FLORIDA

K. SALY
EXAMINER
FEB - 8

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE SANCTUARY IN EL PORTAL

LP

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SANCTUARY IN EL PORTAL 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:

Will Prince, Esquire

Contact Person

Beloff Law, P.A.

Firm/Company

1691 Michigan Avenue, #360

Address

Miami Beach, Florida 33139

City, State and Zip Code

wprince@belofflaw.com

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

For further information concerning this matter, please call:

Will Prince

at (305) 673-1101

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

CR2E030 (01/06)

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2016 FEB -5 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. THE SANCTUARY IN EL PORTAL LP

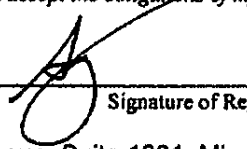
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. c/o Seth Gadinsky, 1680 Michigan Avenue, Suite 1001, Miami Beach, Florida 33139
(Street address of initial designated office)

3. Seth Gadinsky
(Name of Registered Agent for Service of Process)

4. 1680 Michigan Avenue, Suite 1001, Miami Beach, Florida 33139
(Florida street address for Registered Agent)

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

6. 1680 Michigan Avenue, Suite 1001, Miami Beach, Florida 33139
(Mailing address of initial designated office)

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

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2016 FEB -5 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

THE SANCTUARY AT EL PORTAL GP LLC

1680 Michigan Avenue, Suite 1001
Miami Beach, Florida 33139

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 5th day of February, 2016.

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.

THE SANCTUARY AT EL PORTAL GP LLC,
a Florida limited liability company

By: 
Seth Gadinsky, Manager

By: 
Samuel Soriero, Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75