

Florida 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

DR. ALICE MOORE APARTMENTS, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

K. SALLY
EXAMINER

MAR 28

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

FILED
2016 MAR 25 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DR. ALICE MOORE APARTMENTS, LLLP

(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 FL
(Street address of initial designated office)

MIAMI, FL 33135

3. CORPORATION COMPANY OF MIAMI
(Name of Registered Agent for Service of Process)

4. 200 SOUTH BISCAYNE BOULEVARD, SUITE 4100 (GJC)
(Florida street address for Registered Agent)

MIAMI, FL 33131

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:  Gary J. Cohen
Signature of Registered Agent Vice President

6. 1398 SW 1ST STREET 12TH FL
(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:Business Address:C4 AMA, LLC1398 SW 1ST STREET 12TH FLMIAMI, FL 33135

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2016 MAR 25 AM 11:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: Upon 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 _____ day of March, 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.

C4 AMA, LLCBy: Gary J. CohenGary J. Cohen, Authorized Representative**Filing Fees:****Certified Copy (optional):****Certificate of Status (optional):****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**\$52.50****\$8.75**

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