

A160000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

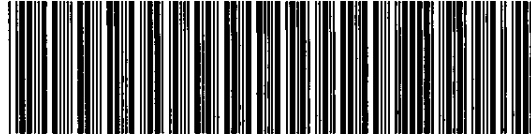
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600284069106

04/08/16--01001--009 **1000.00

RECEIVED
16 APR -7 PM 3:52
TALLAHASSEE, FLORIDA
2016 APR -7 P 12: 22
FILED
TALLAHASSEE, FLORIDA

APR 08 2016
J. BRUCE

CAPITAL CONNECTION, INC.

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

Crescent Eleven Limited Partnership

- ___ 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 _____

RECORDED
TALLAHASSEE, FLORIDA
2016 APR -7 P 12:22

FILED

Signature _____

Requested by: SETH 04/07/16 _____
Name Date Time

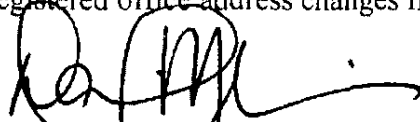
Walk-In _____ Will Pick Up _____

Certificate of Limited Partnership of Crescent Eleven Limited Partnership

I certify that a Florida Limited Partnership Agreement was signed and a Limited Partnership was formed on March 25, 2016, in the County Polk, Florida, under the Florida Revised Uniform Limited Partnership Act of 2005, as follows:

1. **Name:** The Limited Partnership's name is Crescent Eleven Limited Partnership.
2. **Principal Place of Business, Records Location, and Registered Office:** The Limited Partnership's principal place of business and records location is 205 E. Orange Street, Lakeland, Florida 33801. The Limited Partnership's Registered Office is 402 S. Kentucky Ave., Ste. 660, Lakeland, FL 33801.
3. **Appointment and Consent to Serve as Registered Agent:** The Registered Agent for service for this Limited Partnership is Medina Law Group, P.A., whose address is 402 S. Kentucky Ave., Ste. 660, Lakeland, FL 33801.

I, Daniel Medina, as President of the Medina Law Group, P.A., a Florida professional association, accept the appointment as Registered Agent of Crescent Eleven Limited Partnership, a Florida limited partnership. I, on behalf of the Medina Law Group, P.A. understand that the responsibilities as Registered Agent are to receive service of process, notices, and demands; to forward mail; and to notify the Office of the Department of State immediately if it resigns or if the registered office address changes from the addresses stated above.



Medina Law Group, P.A., Registered Agent

4. **The Partners:** The General Partner of this Limited Partnership is Crescent Eleven Management, LLC.
5. **Place of Business and Mailing Address of the General Partner:**
Crescent Eleven Management, LLC 45000195962
205 East Orange Street
Lakeland, Florida 33801

The Limited Partnership also has Limited Partners who are named in the Limited Partnership Agreement.

Certificate of Limited Partnership of Crescent Eleven Limited Partnership

FILED
2016 APR -7 P 12:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

6. **Term:** The term of the Partnership is perpetual.

DATED: April 5, 2016

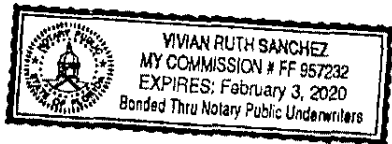
GENERAL PARTNER:
Crescent Eleven Management, LLC

BY: James Muffman
James M. Luffman, its Manager

STATE OF FLORIDA)
) ss.
COUNTY POLK)

The foregoing instrument was acknowledged before me this day April 5, 2016, by James M. Luffman, as Manager of the Crescent Eleven Management, LLC, General Partner, who is personally known to me or who has produced Florida Photo License as identification.

[Seal]



[Signature]

Notary Public

My commission expires: _____

2016 APR -7 P 12:23
SCOTT COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

FILED