

APR 19 2016 11:24AM
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0928 P. 1 of 2

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : IL9990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

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

Email Address: Take.Schrimsher@cbre.com

FLORIDA/FOREIGN LP/LLP
SCS Villages, LLLP

Certificate of Status	0
Certified Copy	1
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2016 APR 19 AM 11:30

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 19 AM 8:11

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Corporate Filing Menu

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SCS VILLAGES, 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 LLLP.

2. 1705 EDGEWATER DRIVE, #540663

(Street address of initial designated office)

ORLANDO, FLORIDA 32854

3. JACOB M. SCHRIMSHER

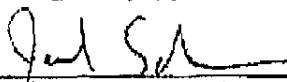
(Name of Registered Agent for Service of Process)

4. 1705 EDGEWATER DRIVE, #540663

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32854

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. 1705 EDGEWATER DRIVE, #540663

(Mailing address of initial designated office)

ORLANDO, FLORIDA 32854

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

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NO. 0928 P. 3

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8. Name and business address of each general partner:

Name:

Business Address:

GIDEON COMMERCIAL, LLC

1705 EDGEWATER DRIVE, #540663

ORLANDO, FLORIDA 32854

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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 12th day of APRIL, 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.

Jacob Schrimsher

Member of Gideon Commercial LLC

As: General Partner

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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