@1001/005

8/8/2016

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Phone : (941)748-0100 Fax Number : (941)745-2093

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

FLORIDA/FOREIGN LP/LLLP Venice ADC, LLLP

Certificate of Status	0
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Page Count	034
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Electronic Filing Menu

Corporate Filing Menu

Help

June 6, 2016

Florida Secretary of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314 Fax: (850) 617-6381

VIA FAX

To Whom It May Concern:

Please find enclosed the Certificate of Limited Partnership for a Florida Limited Liability Limited Partnership for Venice ADC, LLLP. As the Manager of "Venice ADC, LLC", (document #L16000102321), I waive the issue of the non-distinguishable name and ask that you file the enclosed Articles.

Sincerely,

John McKay

General Partner of Venice ADC, LLLP

Manager of Venice ADC, LLC

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

Venice ADC, 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. 1001 3rd Avenue West, Suite 600
(Street address of initial designated office)
Bradenton, FL 34205
3. Blalock Walters, P.A.
(Name of Registered Agent for Service of Process)
4,802 11th Street West
(Florida street address for Registered Agent)
Bradenton, FL 34205
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.
Myn Brenger 300
Signature of Registered Agent
6.1001 3rd Avenue West, Suite 600
(Mailing address of initial designated office)
Bradenton, FL 34205
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of ca Name:	ch general partner: Business Address:
Venice ADC, LLC	1001 3rd Avenue W., Suite 600
	Bradenton, FL 34205
GGR Investments, LLC	1001 3rd Avenue W., Suite 600
	Bradenton, FL 34205
	23 <u>C</u>
9. Effective date, if other than the date of f	to the second se
(Effective date cannot be prior to no filed by the Florida Department of S	r more than 90 days after the date the document is late.)
Signed this sixth day o	f June , 2016 .
stated herein are true. I/We am/are a	We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2