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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

50

2016 AUG

Account Name

: ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number: I1999000006

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. \*\*

FLORIDA/FOREIGN LP/LLLP BERKELEY LANDING, LTD.

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K. SALY EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations	
STER	DECT: BERKELEY LANDING	, LTD.
Q-Q-13-C		urtnership or Limited Liability Limited Partnership
The e	enclosed Certificate of Limited Partne	rship and fees are submitted for filing.
Please	e return all correspondence concernin	g this matter to:
N. D	wayne Gray, Jr., Esq.	
	Contact Person	
Zimm	nerman Kiser Sutcliffe, P.A.	
	Firm/Company	
315	E. Robinson Street, Suite 6	600
	Address	
<u>Orla</u>	ndo, Florida 32801	
_	City, State and Zip Code	
dgra E	y@zkslawfirm.com -mail address: (to be used for future annual i	report notification)
For fu	urther information concerning this ma	itter, please call:
		at ( )
	Name of Consact Person	Area Code and Daytime Telephone Number
Enclo	sed is a check for the following amou	unt:
L (\$90	000,00 Filing Fees \$1,008.75 Filing Fees 65 Filing Fee and and Certificate of Registered Agent Status	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
	EET ADDRESS:	MAILING ADDRESS:
	stration Section	Registration Section
	ion of Corporations on Building	Division of Corporations P. O. Box 6327
	Executive Center Circle	Tallahassee, FL 32314
	hassee, FL 32301	
CR2EC	030 (01/06)	

1, BERKELEY LANDING, LTD.

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



(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, 1105 Kensington Park Drive, Sulte 200
(Street address of initial designated office)
Altamonte Springs, Florida 32714
3. N. Dwayne Gray, Jr., Esq.
(Name of Registered Agent for Service of Process)
4,315 E. Robinson Street, Suite 600
(Florida street address for Registered Agent)
Orlando, Florida 32801
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
6.1105 Kensington Park Drive, Suite 200
(Mailing address of initial designated office)
Altamonte Springs, Florida 32714
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

8. Name and business address of ea Name:	ich general partner: <u>Business Address:</u>
Berkeley Landing GP, LLC	1105 Kensington Park Drive, Ste 200
	Altamonte Springs, Florida 32714
	ALL AHL
	TALLAHASSEE, FLORIDA
9. Effective date, if other than the date of f	iling:
filed by the Florida Department of S	
Signed this 9th day o	f August ,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 e constitutes a third degree felony as provided for in
Berkeley Landing GP, LLC	
By: Jonathan Wolf, Manager	
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