

Division of Corporations

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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 : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407) 839-4200
Fax Number : (407) 839-4264

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

Email Address: _____

16 SEP 16 AM 9:15

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
TDC Lakewood Apartments, LP**

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

SEP 19 2016

S. YOUNG

2016 SEP 16 PM 3:02

TALLAHASSEE, FLORIDA

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

1. TDC Lakewood Apartments, LP

(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. 6900 Tavistock Lakes Blvd., Suite 200

(Street address of initial designated office)

Orlando, Florida 32827

3. B&C Corporate Services of Central Florida, Inc.


(Name of Registered Agent for Service of Process)

4. 390 N. Orange Avenue, Suite 1400

(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.*

 vice president
Signature of Registered Agent

6. 6900 Tavistock Lakes Blvd., Suite 200

(Mailing address of initial designated office)

Orlando, Florida 32827

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:Clare Group, LLC6900 Tavistock Lakes Blvd., Suite 200Orlando, Florida 32827

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of 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 16 day of September, 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.

By: Jefferson R. Voss, as President of Clare Group, LLCPresident

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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