

Alb000000563

(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:

7/17 WLB 66880

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OCT 17 2016
S. YOUNG

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TALLAHASSEE, FLORIDA
2016 SEP 26 AM 11:41
16 SEP 26 PM 3:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

LEGAL DEPARTMENT
PILLAR INCOME ASSET MANAGEMENT
1603 LBJ FREEWAY STE 800
DALLAS, TX 75234

SUBJECT: RST THE ARBORS AT GIBSON HEIGHTS, LP
Ref. Number: W16000066800

We have received your document for RST THE ARBORS AT GIBSON HEIGHTS, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00020862

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RST The Arbors at Gibson Heights, LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Legal Department

Contact Person

Pillar Income Asset Management

Firm/Company

1603 LBJ Freeway, Suite 800

Address

Dallas, Texas 75234

City, State and Zip Code

legal.department@pillarincome.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Williams at (469) 522-4200

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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TALLAHASSEE, FL 32314
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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. RST The Arbors at Gibson Heights, 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. 1605 LBJ Freeway, Suite 610

(Street address of initial designated office)

Dallas, Texas 75234

3. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.*

Angel Shearer

Signature of Registered Agent

Angel Shearer
Assistant Secretary

6. 1200 South Pine Island Road

(Mailing address of initial designated office)

Plantation, Florida 33324

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:

RST The Arbors at Gibson Heights Housing, LLC

1605 LBJ Feeway, Suite 610

Dallas, Texas 75234

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 22nd 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.

RST The Arbors at Gibson Heights Housing, LLC,
its General Partner

By: 
Clifton E. Phillips, Managing Member

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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TALLAHASSEE, FLORIDA

18 SEP 26 PM 3:06