

A17000000260

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000151555 3)))



H170001515553ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : SHUTTS & BOWEN, LLP
 Account Number : 076447000313
 Phone : (305)358-6300
 Fax Number : (305)347-7750

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

Email Address: lpearson.rebuildamerica@gmail.com

2917 JUN -6 PM 1:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
 HIALEAH HOUSING, LLLP

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

2017 JUN -6 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

FILED
2017 JUN -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. HIALEAH HOUSING, 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. 2405 Satellite Blvd., Suite 100
(Street address of initial designated office)

Duluth, GA 30096

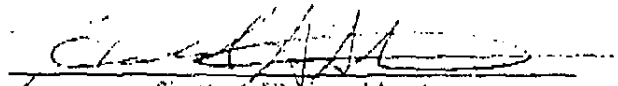
3. Harold Griffith
(Name of Registered Agent for Service of Process)

c/o Robert Forcum Towers

4. 220 W. 74th Place
(Florida street address for Registered Agent)

Hialeah, FL 33014

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. P. O. Box 957
(Mailing address of initial designated office)

Watkinsville, GA 30677

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

8. Name and business address of each general partner:

Name:

Business Address:

ReBuild America-Hialeah, LLC

2405 Satellite Blvd., Suite 100

Duluth, GA 30096

2017 JUN -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9. Effective date, if other than the date of filing: N/A

(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 5th day of June, 2017

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.

ReBuild America-Hialeah, LLC
By [Signature]
LeAnn Pearson Marrate, Authorized Representative

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75