

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN, ILP

Account Number: 076447000313 Phone: (305)358-6300 Pax 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:

FLORIDA/FORFIGN LP/LLLP

## FLORIDA/FOREIGN LP/LLLP HIALEAH HOUSING, LLLP

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SECRETARY OF STATE

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6/6/2017

P. 02/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

l	HIALEAH HOUSING, LLLP
Acceptable t	of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
2	2405 Satellite Blvd., Suite 100
	(Street address of initial designated office)
	Duluth, GA 30096
3	Harold Griffith
4	(Name of Registered Agent for Service of Process) c/o Robert Forcum Towers 220 W. 74th Place
	(Florida street address for Registered Agent)
	Hialeah, FL 33014
comply with	accept the appointment as registered agent and agree to act in this capacity. I further agree to the provisions of all statutes relative to the proper and complete performance of my duties, tiliar with and accept the obligations of my position as registered agent.
	Signature of Rehistered Agent
•	Signature of Registered Agent
6	P. O. Box 957
•••	(Mailing address of initial designated office)
	Watkinsville, GA 30677
7. If limite	d partnership elects to be a limited liability limited partnership, check box

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<ol> <li>Name and business address of each g Name;</li> </ol>	eneral partner: Business Address:	
ReBuild America-Hialeah, LLC	2405 Satellite Blvd.,	Suite 100
	Duluth, GA 30096	
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	and the second s	ASS
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O THE SECOND SEC	<u>de</u>	PAR 3
9. Effective date, if other than the date of filing:	N/A	THE RESIDENCE OF THE PROPERTY
(Effective date cannot be prior to nor mo		e document is
filed by the Florida Department of State.	)	
Signed this day of	<u>June</u> <u>201</u>	7
Signature of each general partner: I/We stated herein are true. I/We am/are aware document to the Department of State cors.817.155, F.S.	that any false information subm	nitted in a
ReBuild America Hisleah LLC  By Charles Authorized  Representative	Alleman, or a second problem of the second p	
Filing Fees: \$1, Certified Copy (optional): \$55 Certificate of Status (optional): \$8.	000,00 (\$965 Filing Fee and \$35 Reg 0.50 dip 75 age 2 of 2	istered Agent Fee)