

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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From:

Account Name : G.L. HOMES Account Number : I20060000023 Phone : (954) 753-1730 Fax Number : (954)575-5295

Email Address: Steve.Helfman@glhomes.com

FLORIDA/FOREIGN LP/LLLP Polo Trace Associates, LLLP

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S. WARREN

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Corporate Filing Menu

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July 11, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

G.L. HOMES

SUBJECT: POLO TRACE ASSOCIATES, LLLP

REF: W17000056974

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: 817000180141 Letter Number: 017A00013940

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP OF POLO TRACE ASSOCIATES, LLLP

The undersigned, desiring to form a limited liability limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Florida Department of State this Certificate of Limited Liability Limited Partnership, as follows:

1. The name of the limited liability limited partnership (the "Partnership") is:

POLO TRACE ASSOCIATES, LLLP

2. The street and mailing address of the initial designated office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.1111 of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act") is:

1600 Sawgrass Corporate Parkway, Suite 400 Sunrise, Florida 33323

3. The name and address of the agent for service of process required to be maintained by Section 620.1114 of the Act is:

Steven M. Helfman, Esq. 1600 Sawgrass Corporate Parkway, Suite 400 Sunrise, Florida 3323

4. The name and business address of the General Partner of the Partnership is:

Polo Trace Genpar Corporation
1600 Sawgrass Corporate Parkway, Sulte 400
Sunrise, Florida 3323

5. The Partnership elects to be a limited liability limited partnership.

6. The effective date shall be the date of filing of this Certificate by the Florida Department of State.

SIGNED this 10th day of July, 2017.

GENERAL PARTNER:

POLO TRACE GENPAR CORPORATION, a Florida corporation

Richard M. Norwalk, Vice President

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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THE UNDERSIGNED, named as the agent for service of process in paragraph 3 of the Certificate of Limited Liability Limited Partnership of Polo Trace Associates, LLLP, hereby accepts the appointment as such registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Steven M. Helfman, Esq., Registered Agent

<u>July 10, 2017</u>

(Date)

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