

A1800000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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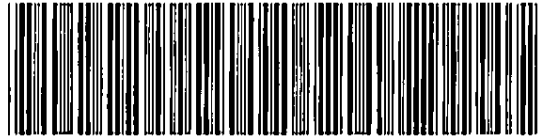
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 3/15/2018

Name: Merritt Knickle

Reference #: T015489

Entity Name: SIMPLE LIFE-HAMLET, LLLP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE AND CERTIFICATE OF GOOD STANDING UPON FORMATION

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Authorized Amount: \$1,061.25

Signature: [Signature]

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0107  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY NO 0977  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



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Signature: WAX

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TALLAHASSEE, FLORIDA

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866.625.0838  
COGENCYGLOBAL.COM

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

1. SIMPLE LIFE-HAMLET, 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 L.L.L.P.*

2. 135 2nd Avenue North, Suite 3, Jacksonville Beach, FL 32250  
(Street address of initial designated office)

3. Michael T. McCann  
(Name of Registered Agent for Service of Process)

4. 135 2nd Avenue North, Suite 3  
(Florida street address for Registered Agent)

Jacksonville Beach, FL 32250

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.*

la G -  
Signature of Registered Agent

6. 135 2nd Avenue North, Suite 3  
(Mailing address of initial designated office)

Jacksonville Beach, FL 32260

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:

Simple Life Partners, LLC

135 2nd Avenue North, Suite 3  
Jacksonville Beach, FL 32250

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\_\_\_\_\_

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 15<sup>th</sup> day of March, 2018

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.

The Resource Group, LLC, General Partner

By: Michael T. McCann  
Michael T. McCann, Authorized Member

\_\_\_\_\_  
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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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