

A1800002229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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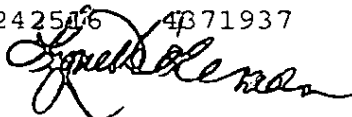
18 JUN -5 AM 9:20  
18 JUN -5 PM 1:43  
O. SIMMONS

O. SIMMONS  
JUN 05 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 242516 4371937

AUTHORIZATION : 

COST LIMIT : \$ 1052.50

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ORDER DATE : June 5, 2018

ORDER TIME : 12:41 PM

ORDER NO. : 242516-005

CUSTOMER NO: 4371937  
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DOMESTIC FILING

NAME: MARSH POINTE REI HOLDINGS,  
LLLP

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARSH POINTE REI HOLDINGS, LLLP  
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:

MICHELSA CALDERON  
Contact Person  
c/o TRIVEST PARTNERS  
Firm/Company  
550 S. DIXIE HIGHWAY, SUITE 300  
Address  
CORAL GABLES, FL 33146  
City, State and Zip Code  
MCALDERON@TRIVEST.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELSA CALDERON at ( 305 ) 858-2200  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
( \$965 Filing Fee and  
\$35 Registered Agent  
Fee)  
☐ \$1,008.75 Filing Fees  
and Certificate of  
Status  
☒ \$1,052.50 Filing Fees  
and Certified Copy  
☐ \$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)

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

1. MARSH POINTE REI HOLDINGS, 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. 550 S. DIXIE HIGHWAY, SUITE 300

(Street address of initial designated office)

CORAL GABLES, FL 33146

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: Camille Silva

Signature of Registered Agent

**Camille Silva**

**Assistant Vice President**

6. 550 S. DIXIE HIGHWAY, SUITE 300

(Mailing address of initial designated office)

CORAL GABLES, FL 33146

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

8. Name and business address of each general partner:

Name:

Business Address:

BLAKE REM, LLC

262 4TH AVENUE NORTH

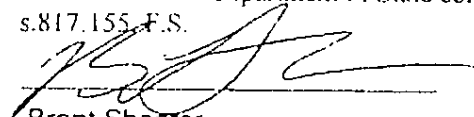
ST. PETERSBURG, FL 33701

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 4TH day of JUNE, 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.

  
Brent Shearer

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75