

A18000000342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

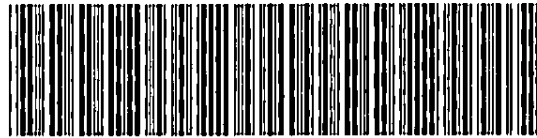
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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018



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

Date: 8/22/2018

Account#: 120000000088

Name: Jennifer Bialowas

Reference #: L107481

Entity Name: LIH MAGNOLIA TERRACE, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

File
Second

Authorized Amount: 1,000.00
Signature: Jennifer Bialowas

✉ CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7700

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. OFFICE: N. ENGLAND & WALES
REG. NO: 0403972
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

✉ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIH Magnolia Terrace, LP
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:

Jacob Levy
Contact Person
Levy Affiliated Holdings
Firm/Company
201 Wilshire Blvd, Second Floor
Address
Santa Monica, CA 90401
City, State and Zip Code
jacob@levyaffiliated.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Levy at (310) 883-7900
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
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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. LIH Magnolia Terrace, LP


(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. 509 E Magnolia Drive
(Street address of initial designated office)
Tallahassee FL 32301

3. COGENCY GLOBAL INC.
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 4
(Florida street address for Registered Agent)
Tallahassee, Florida 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.



Signature of Registered Agent

6. 201 Wilshire Blvd, Second Floor
(Mailing address of initial designated office)
Santa Monica CA 90401

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:

LIH Magnolia Terrace GP, LLC

509 E MAGNOLIA DRIVE

TALLAHASSEE, FL, 32301

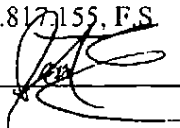
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CLERK OF THE COURT

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 21st day of August, 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.



JACOB LEWY

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75