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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305)358-6300
Fax Number : (305)347-7766

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FLORIDA/FOREIGN LP/LLLP
CORAL VILLAGE ACQUISITION, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$1,061.25

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SEP 05 2018

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

1. CORAL VILLAGE ACQUISITION, 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.*

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2. 1079 Mulberry Way,

(Street address of initial designated office)

Boca Raton, FL 33485

3. Corporation Company of Miami

(Name of Registered Agent for Service of Process)

4. 200 S. Biscayne Blvd., (OJC) Ste. 4100

(Florida street address for Registered Agent)

Miami, Florida 33131

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.*

By: Gary J. Cohen, Vice President

Signature of Registered Agent

6. 1079 Mulberry Way,

(Mailing address of initial designated office)

Boca Raton, FL 33486

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:
Coral Village Apartment, Inc.	14270 Warner Circle
	Ft Myers, FL 33903

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9. Effective date, if other than the date of filing: Upon 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 31 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.

Coral Village Apartments, Inc.

By: [signature]
Name: Robert Norris, President

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

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