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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H18000281943ABC3

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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

**FILED**  
**Sep 27, 2018 08:00 AM**  
**Secretary of State**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** GCOHEN@SHUTTS.COM

**FLORIDA/FOREIGN LP/LLLP**  
**LAKESIDE TERRACE II, LLLP**

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

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Corporate Filing Menu

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M. MILLIGAN

SEP 28 2018

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**Sep 27, 2018 08:00 AM**

**Secretary of State**

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

1. LAKEVIEW TERRACE II, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 2653 Avenue C S.W.

(Street address of initial designated office)

Winter Haven, Florida 33880

3. Bernice S. Saxon, Esq.

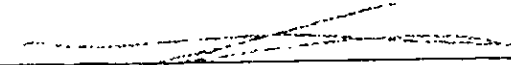
(Name of Registered Agent for Service of Process)

4. 231 E. Kennedy Boulevard, Suite 600

(Florida street address for Registered Agent)

Tampa, FL 33602

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. 2653 Avenue C S.W.

(Mailing address of initial designated office)

Winter Haven, Florida 33880

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

**FILED**  
**Sep 27, 2018 08:00 AM**  
**Secretary of State**

8. Name and business address of each general partner:

Name:

Business Address:

WHA Lakeside Terrace II, LLC

2653 Avenue C S.W.

Winter Haven, Florida 33880

9. Effective date, if other than the date of filing: \_\_\_\_\_

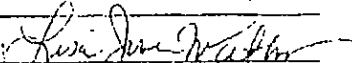
*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

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 27 th day of September, 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.  
WHA Lakeside Terrace II, LLC

By: Winter Haven Housing Supportive Services, Inc., Sole Member

By: 

Lisa Jones Watkins, Secretary

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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