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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A18 - 509

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2018 OCT 18 PM 1:35

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

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

Email Address: RCheng@shutts.com

FLORIDA/FOREIGN LP/LLP
CANNERY ROW AT REDLANDS CROSSING, LLLP

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

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N. CAUSSEAUX
OCT 23 2018

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

1. Gateway Row at Redland Crossing, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership which must include suffix for applicable Limited Partnership suffixes. Limited Partnership, Limited, L.P., LP, or Ltd. For applicable Limited Liability Limited Partnership suffixes. Limited Liability Limited Partnership, L.L.L.P. or LLLP.)

2. 19308 SW 380th Street
(Street address of initial designated office)
Florida City, FL 33034

3. Steven Kirk
(Name of Registered Agent for Service of Process)

4. 19308 SW 380th Street
(Florida street address for Registered Agent)
Florida City, FL 33034

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. Post Office Box 343529,
(Mailing address of initial designated office)
Florida City, FL 33034

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:
Canary Row Redlands, LLC	19305 SW 380th Street, Florida City, FL 33034

L18-240010

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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.)

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 18th day of October 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.

Steve Kirk, 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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