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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone : (305) 789-4137 Fax Number

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FLORIDA/FOREIGN LP/LLLP THE MOSAIC, LTD.

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE MOSAIC APARTMENTS, LTD.

Pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, the undersigned, being the sole General Partner of The Mosaic Apartments, Ltd., a Florida limited partnership (the "Partnership"), hereby executes and submits for filing with the Florida Department of State this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:

THE MOSAIC APARTMENTS, LTD.

2. The mailing address and street address of the Partnership currently is:

161 N.W. 6th Street, Suite 1020 Miami, Florida 33136

3. The name and address of the agent for service of process on the

Partnership are:

Brian J. McDonough 2200 Museum Tower 150 West Flagler Street Miami, Florida 33130

4. The name and address of the General Partners of the Partnership are:

Document No. L18000239316 APC The Mosaic, LLC 161 N.W. 6th Street, Suite 1020 Miami, Florida 33136

Document No. P18000084343 HEF-The Mosaic, Inc. 437 Southwest 4th Avenue Ft. Lauderdale, FL 33315



IN WITNESS WHEREOF, the undersigned have signed this Certificate of Limited Partnership as General Partners, pursuant to the provisions of Section 620.1204 of the Florida Revised Uniform Limited Partnership Act of 2005.

DATED: October 25, 2018

GENERAL PARTNERS:

APC THE MOSAIC, LLC, a Florida limited

liability company

HEF-THE MOSAIC, INC., a Florida corporation

Name: Title: Presiden

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

I, Brian J. McDonough, hereby accept my appointment as registered agent for The Mosaic Apartments, Ltd., a Florida limited partnership. 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.

DATED: October 25, 2018



October 26, 2018

PLORIDA DEPARTMENT OF STATE

STEARNS WEAVER MILLER WEISSLER ALHADEEF & SITTERSON

SUBJECT: THWE MOSAIC, LTD.

REF: W18000094674

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The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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The document number of the name conflict is M12000001541.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III Registration Section FAX Aud. #: H18000309504 Letter Number: 618A00022135

Attached is the corrected document. Please file and honor the original date of submission as the effective file date.

& thank you.

OCT 29 PH 2:

P.O BOX 6327 - Tallahassee, Florida 32314