

A19000000048

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190000254973)))



H190000254973ABC4

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GREENBERG TRAUBIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 955-7600  
Fax Number : (561) 333-7099

19 JAN 22 AM 9:55  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Email Address: WOLFE@RESOURCE-GROUP.NET

FLORIDA/FOREIGN LP/LLP  
Simple Life-Lake Andrews, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

DEC 23 2019  
A. LUNT

2019 JAN 22 PM 1:53

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

1. Simple Life-Lake Andrews, L.L.P.  
(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 L.L.L.P.

2. 135 2nd Avenue North, Suite 3, Jacksonville Beach, FL 32250  
(Street address of initial designated office)

3. Michael T. McCann  
(Name of Registered Agent for Service of Process)

4. 135 2nd Avenue North, Suite 3  
(Florida street address for Registered Agent)  
Jacksonville Beach, FL 32250

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. 135 2nd Avenue North, Suite 3  
(Mailing address of initial designated office)  
Jacksonville Beach, FL 32250

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

## 8. Name and business address of each general partner:

Name:

Business Address:

Simple Life Partners, LLC

135 2nd Avenue North, Suite 3

Jacksonville Beach, FL 32250

19 JAN 22 AM 9:55  
 DEPT. OF STATE  
 FLORIDA

## 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 22nd day of January, 2019

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.

Simple Life Partners, LLC, General Partner

By: The Resource Group, LLC, Member

Michael T. McCann  
 By: Michael T. McCann, Member

## Filing Fees:

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

## Certified Copy (optional):

\$52.50

## Certificate of Status (optional):

\$8.75