

A190000000191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2019 MAY 13 A 6:55

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D SCOTT

MAY 14 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

INCSERV

SUBJECT: FEDERATION GARDENS PRESERVATION LP
Ref. Number: W19000029056

We have received your document for FEDERATION GARDENS PRESERVATION LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott
Regulatory Specialist II

Letter Number: 519A00005809

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19 MAY 13 PM 3:13
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/22/2019 **PRIORITY** Routine

ORDER ENTITY
FEDERATION GARDENS PRESERVATION LP

OUR REF # (Order ID#) 731596

PLEASE PERFORM THE FOLLOWING SERVICES:

New LP filing

NOTES:

\$1,000.00 Authorized
Email address for annual report reminders: DRogers@Stellarcs.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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


1. Federation Gardens Preservation LP
(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 LL.L.P.

2. 250 West 55th Street, 35th Fl.
(Street address of initial designated office)
New York, NY 10019

3. Incorporating Services, Ltd.
(Name of Registered Agent for Service of Process)

4. 1540 Glenway Dr
(Florida street address for Registered Agent)
Tallahassee, FL 32301

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. 1540 Glenway Dr
(Mailing address of initial designated office)
Tallahassee, FL 32301

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:

Fairstead Affordable FL LLC

250 West 55th Street, 35th Fl.

New York, NY 10019

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 _____ day of _____

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.

Fairstead Affordable FL LLC, it's general partner

By: Jeffrey C. Goldberg, authorized signatory

x

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75