

A19000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

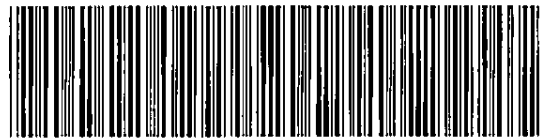
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-45841

Office Use Only



600328875016

RECEIVED
DEPARTMENT OF STATE
19 MAY -9 PM 4: 14

FILED
19 MAY -9 PM 2: 25
ST. GEORGE'S ISLAND STATE
FALLAHASSEE, FLORIDA

K. SALY
MAY 14 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 757284 5030437

AUTHORIZATION :



COST LIMIT : \$1000.00

ORDER DATE : May 9, 2019

ORDER TIME : 12:40 PM

ORDER NO. : 757284-005

CUSTOMER NO: 5030437

DOMESTIC FILING

NAME: FAIRFIELD ABBEY PARK LP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

May 10, 2019

CSC / ROXANNE TURNER

SUBJECT: FAIRFIELD ABBEY PARK LP
Ref. Number: W19000045841

We have received your document for FAIRFIELD ABBEY PARK LP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

The effective date must be specific and cannot be prior to the date of filing.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 019A00009465

RECEIVED
19 MAY 13 PM 1:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Fairfield Abbey Park LP**

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jon MacDonald

Contact Person

Fairfield Residential

Firm/Company

5510 Morehouse Drive, Suite 200

Address

San Diego, California 92121

City, State and Zip Code

jmacdonald@ffres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon MacDonald

Name of Contact Person

at (**858**) **4572123**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

FILED
19 MAY -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Fairfield Abbey Park 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 LLLP.

2. c/o Fairfield Residential 5510 Morehouse Drive, Suite 200

(Street address of initial designated office)

San Diego, California 92121

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(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.*

Corporation Service Company

By: Roxanne Turner

Signature of Registered Agent

Roxanne Turner
Asst. Vice President

6. c/o Fairfield Residential 5510 Morehouse Drive, Suite 200

(Mailing address of initial designated office)

San Diego, California 92121

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

8. Name and business address of each general partner:

Name:

FFI Abbey Park LLC

Business Address:

c/o Fairfield Residential 5510 Morehouse Drive, Suite 200

San Diego, California 92121

FILED
19 MAY -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9. Effective date, if other than the date of filing: _____ (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.)

Signed this 7th day of May, 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.

FFI Abbey Park LLC, a Delaware limited liability company

By: FFI CHF GP LLC, its non-member manager

By:

Name:

Title:

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2