A1900000228

(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:		
File 2nd		

Office Use Only



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EFCRETARY OF STATE

19 JUN -5 AH \$ 54

VISION OF CONFORATION

TALLAHASSEE BI OBIO

JUN 0 6 2019 M. SOLOMON

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: 6/5/2019

PRIORITY Routine

OUR REF # (Order ID#) 747802

ORDER ENTITY

ROYAL PALM GARDENS APARTMENTS, LLLP

PLEASE PERFORM THE FOLLOWING SERVICES:

Please file the attached new LLLP filing and provide a certified copy and good standing as evidence.

NOTES:

\$1,061.25 Authorized This is a file first, file second filing request with the LLC to be filed first as it is the general partner and the LLLP to be filed second. This is the second part (LLLP filing).

Email address for annual report reminders: ryan@redwoodhousing.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,

whiley

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 05, 2019 Page 1 of 1

2011 JUH - 5 AH 3: 1

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

Tame of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Li artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partn offixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	mited ership
3101 Bee Caves Road. #220	
(Street address of initial designated office)	
Austin, Texas 78746	
C T Corporation System (Name of Registered Agent for Service of Process) 1200 South Pine Island Road	
(Name of Registered Agent for Service of Process)	
1200 South Pine Island Road	
(Florida street address for Registered Agent)	
Plantation, Florida 33324	
. I hereby accept the appointment as registered agent and agree to act in this capacity. I further as ith the provisions of all statutes relative to the proper and complete performance of my duties, and with and accept the ordinations of my position as registered agent. Signature of Registered Agent	l am fami
3101 Bee Caves Road, #220	
(Mailing address of initial designated office)	
Austin, Texas 78746	

Page 1 of 2

8. Name and business address of e Name:	ach general partner: Business Address:	
Royal Palm Gardens Management, LLC	3101 Bee Caves Road, #220	
	Austin, Texas 78746	
		TO A
9. Effective date, if other than the	dats of filian	
(Effective date cannot be prior to r the Florida Department of State.)	or more than 90 days after the date the docum	
	secument's effective date on the Department of	
Signed this 31st	day of May .2019	
herein are true. I/We am/are aware	We submit this document and affirm that the that any false information submitted in a docunird degree felony as provided for in s.817.155	ment to the
Jeffrgy Green, Manager of GP	Ryan Fusion, Manager of GP	
Jef Dun		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Ag \$52.50 \$8.75	gent Fee)

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