

AP000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

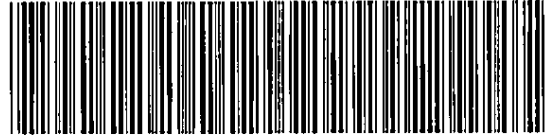
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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23 JUN 19 A 3:52

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19 JUN 19 PM 5:02

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OFFICE OF STAFF

D SCOTT

JUN 20 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 814249 4305461

AUTHORIZATION :

COST LIMIT : \$1000.00

Lydia Cohen

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JUN 19 10 3:52
TALLAHASSEE, FL

ORDER DATE : June 19, 2019

ORDER TIME : 2:52 PM

ORDER NO. : 814249-005

CUSTOMER NO: 4305461

DOMESTIC FILING

NAME: TAYLOR HOMES II, 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: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

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

1. Taylor Homes II, 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 L.LLP.

2. 6060 Poplar Ave., Suite 425

(Street address of initial designated office)

Memphis, TN 38119

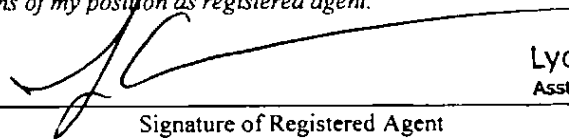
3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hayes Road, Tallahassee, FL 32301

(Florida street address for Registered Agent)

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.



Lydia Cohen
Asst. Vice President

Signature of Registered Agent

6. 6060 Poplar Ave., Suite 425, Memphis, TN 38119

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

First Baptist Housing of Bridgeport, Inc.

6060 Poplar Ave., Suite 425

Memphis, TN 38119

2019 JUN 19 A 3:52
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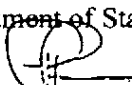
9. Effective date, if other than the date of filing: _____

(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 19th day of June, 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.



Paul Ponte, President of First Baptist
Housing of Bridgeport, Inc.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75