

**A19000000321**

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.

((H19000234010 3))



H190002340103A5CU

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) 617-6363

From:  
Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813) 221-3900  
Fax Number : (813) 200-5995

**FILING TO REPLACE PREVIOUS  
SUBMITTED ONLINE APPLICATI  
Doc # W19000069559  
Tracking # 800331907548  
Pin # 7548**

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

Email Address: \_\_\_\_\_

RECEIVED  
19 AUG -5 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP  
Rosemont Apts LP**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

FILED  
2019 AUG -5 PM 4:39  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B KINSEY  
AUG 06 2019

((H19000234010 3)))

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

1. Rosemont Apts 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 LLP.)

2. 2700 West Cypress Creek Road, Suite #D128, Fort Lauderdale, Florida 33309  
(Street address of initial designated office)

3. Shay Milech  
(Name of Registered Agent for Service of Process)

4. 2700 West Cypress Creek Road, Suite #D128, Fort Lauderdale, Florida 33309  
(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.*

  
Signature of Registered Agent

6. P.O. Box 162027, Altamonte Springs, Florida 32716  
(Mailing address of initial designated office)

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

((H19000234010 3)))

2019 AUG -5 PM 4:39

FILED

((1119000234010 3)))

8. Name and business address of each general partner:

**Business Address:**

2700 West Cypress Creek Road, Suite #D128

Fort Lauderdale, Florida 33309

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 fifth day of August, 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.

**Shay Milech, Member of General Partner**

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

**\$52.50**

**\$8.75**

Page 2 of 2

((I19000234010 3)))