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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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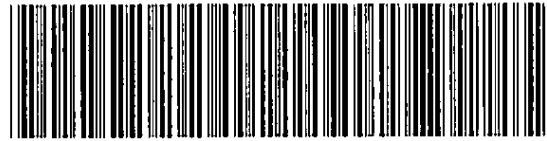
(Business Entity Name)

(Document Number)

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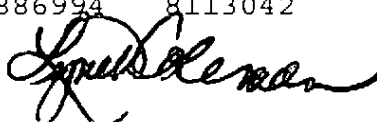
B KINSEY
SEP 03 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 886994 8113042

AUTHORIZATION :



COST LIMIT : \$ 1000.00

ORDER DATE : August 15, 2019

ORDER TIME : 4:0 PM

ORDER NO. : 886994-005

CUSTOMER NO: 8113042

DOMESTIC FILING

NAME: RIVERWALK II PRESERVATION,
LTD.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
ZZ _____ 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: _____

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

1. RIVERWALK II PRESERVATION, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., I.P., or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.L.P.

2. 201 SANTA MONICA BLVD., SUITE 550
(Street address of initial designated office)

SANTA MONICA, CA 90401

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.*

By Roxanne Turner Signature of Registered Agent
Corporation Service Company Roxanne Turner
Asst. Vice President

6. _____
(Mailing address of initial designated office)

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:

Riverwalk II GP LLC

201 Santa Monica Blvd, #550

M19000008342

Santa Monica, CA 90401

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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.)

Signed this 14th 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.

RIVERWALK II GP LLC, a Florida limited liability company

By: _____

Jeremy Bronfman

Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75