# ivision Corpo ions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)799-3200 Fax Number : (305)789-4137

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

Elaine. Santiago @ cornerstonegrp. com

FLORIDA/FOREIGN LP/LLLP SIERRA BAY PARTNERS, LTD.

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Estimated Charge	\$1,052.50

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## CERTIFICATE OF LIMITED PARTNERSHIP

OF.

### SIERRA BAY PARTNERS, LTD.

Pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, the undersigned General Partner of Sierra Bay Partners, Ltd., a Florida limited partnership (the "Partnership"), hereby executes and submits for filing with the Florida Department of State this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:

#### SIERRA BAY PARTNERS, LTD.

The mailing address and street address of the Partnership currently is:
 2100 Hollywood Blvd.
 Hollywood, FL 33020

3. The name and address of the agent for service of process on the Partnership are:

Leon J. Wolfe 2100 Hollywood Blvd. Hollywood, FL 33020

4. The name and address of the General Partner of the Partnership are:

L19000225346
Cornerstone Sierra Bay Apartments, LLC 2100 Hollywood Blvd.
Hollywood, FL 33020

IN WITNESS WHEREOF, the undersigned General Partner has signed this Certificate of Limited Partnership pursuant to the provisions of Section 620.1204 of the Florida Revised Uniform Limited Partnership Act of 2005.

#### **GENERAL PARTNER:**

DATED: September 13, 2019

Cornerstone Sierra Bay Apartments, LLC, a Florida limited liability company

By:
Name: Mara S. Mades
Title: Manager

## ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

I, Leon J. Wolfe, hereby accept my appointment as registered agent for Sierra Bay Partners, Ltd., a Florida limited partnership. 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.

DATED Sept. 13 .2019

Leon J. Wolfe, Registered Agent

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