

A19000000399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

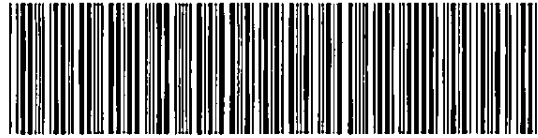
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 SEP 19 PM 1:02

19 SEP 19 PM 4:33

SEP 20 2019
M. SOLOMON



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 09/19/2019

Name: Joy Weaver

Reference #: 1131943

Entity Name: FAIR HAVENS SENIOR HOUSING LIMITED PARTNERSHIP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

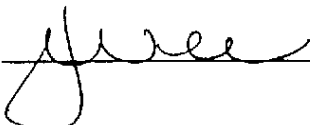
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$1,000.000

Signature: 

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

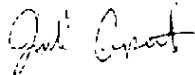
1. Fair Havens Senior Housing Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

2. 2335 North Bank Drive
(Street address of initial designated office)
Columbus, OH 43220

3. COGENCY GLOBAL INC.
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 4
(Florida street address for Registered Agent)
Tallahassee, Florida 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.



Signature of Registered Agent

6. 2335 North Bank Drive
(Mailing address of initial designated office)
Columbus, OH 43220

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:

National Church Residences of Fair Havens, LLC

2335 North Bank Drive, Columbus, OH 43220

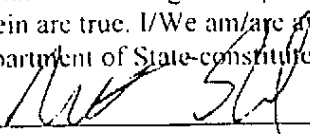
9. Effective date, if other than the date of filing: _____

(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 September, 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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