

A19000000040Z

(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:

Office Use Only



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19 SEP 19 8:44:32

2019 SEP 19 AM 11:18

B KINSEY
SEP 25 2019



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

Account#: 120000000088

Date: 09/24/2019

Name: Joy Weaver

Reference #: 1131943

Entity Name: CEDAR OAKS SENIOR HOUSING LIMITED PARTNERSHIP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

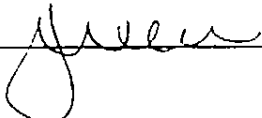
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$1,000.00

Signature: 



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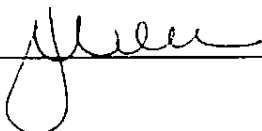
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$1,000.00

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2019

COGENCY

SUBJECT: CEDAR OAKS SENIOR HOUSING LIMITED PARTNERSHIP
Ref. Number: W19000085241

We have received your document for CEDAR OAKS SENIOR HOUSING LIMITED PARTNERSHIP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00019475

Please obtain
original file
date.
Thx

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cedar Oaks Senior Housing Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Kellie Jones
Contact Person
National Church Residences
Firm/Company
2335 North Bank Drive
Address
Columbus, OH 43220
City, State and Zip Code
kejones@nationalchurchresidences.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Crabbe at (614) 273-3712
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

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2019 SEP 19

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

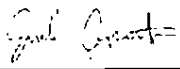
1. Cedar Oaks Senior Housing Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited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

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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SEP 19 2019

8. Name and business address of each general partner:

Name:

Business Address:

National Church Residences of Cedar Oaks, L.L.C.

2335 North Bank Drive, Columbus, OH 43220

LA0000229615

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SEP 19 2019

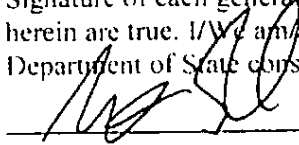
9. Effective date, if other than the date of filing: _____

(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