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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7766

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

Email Address: GCohen@shutts.com

FLORIDA/FOREIGN LP/LLP
Pablo Hamlet, LLLP

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

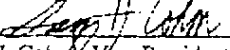
1. PABLO HAMLET, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLJ.P.

2. 1079 Mulberry Way
(Street address of initial designated office)
Boca Raton, Florida 33486

3. Corporation Company of Miami
(Name of Registered Agent for Service of Process)

4. 200 S. Biscayne Blvd., (GJC) Ste. 4100,
(Florida street address for Registered Agent)
Miami, FL 33131

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: 
Gary J. Cohen Vice President Signature of Registered Agent

6. 200 S. Biscayne Blvd., (GJC) Ste. 4100,
(Mailing address of initial designated office)
Miami, FL 33131

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:

Beaches Elderly Housing Corporation

115 Third Street South, Jacksonville Beach, Florida 32250

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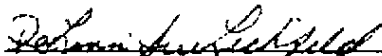
9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 27th 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.


 Delina Sue Lickfeld, President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
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