

A19000000495

(Requestor's Name)

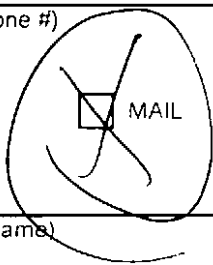
(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT



MAIL

(Business Entity Name)

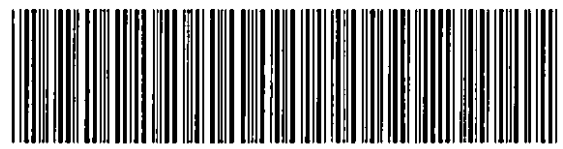
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w19 94658

Office Use Only



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10/24/19--01012--009 **1008.75

19 OCT 24 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 24 PM 8:38

FILED

K. SAIY
OCT 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

COLEMAN TALLEY LLP
ATTN: HANNA DUNNAVANT
109 SOUTH ASHLEY STREET
VALDOSTA, GA 31601

SUBJECT: GATEWAY RESERVE LAKELAND, LP
Ref. Number: W19000094658

We have received your document for GATEWAY RESERVE LAKELAND, LP and check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and business address of each general partner.(Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 619A00022058

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gateway Reserve Lakeland, LP
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:

Hanna Dunnivant
Contact Person
Coleman Talley LLP
Firm/Company
109 South Ashley Street
Address
Valdosta, Georgia 31601
City, State and Zip Code
jfreeman@gatewaymgt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanna Dunnivant at (229) 671-8262
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

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

FILED
19 OCT 24 PM 8 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Gateway Reserve Lakeland, LP

(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 LLLP.

2. 920 Florence Boulevard

(Street address of initial designated office)

Florence, Alabama 35630

3. C T Corporation System

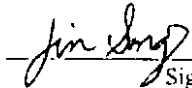
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.



Jin Song, Assistant Secretary

Signature of Registered Agent

6. 920 Florence Boulevard

(Mailing address of initial designated office)

Florence, Alabama 35630

7. If limited partnership elects to be a limited liability limited partnership, check box .

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19 OCT 24 PM 8:39
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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Lakeland Gateway GP, LLC

920 Florence Boulevard

Florence, Alabama 35630

Lakeland South Creek GP, LLC

7204 W Friendly Avenue, Suite C

Greensboro, North Carolina 27410

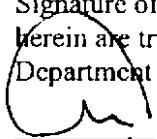
9. Effective date, if other than the date of filing: _____

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

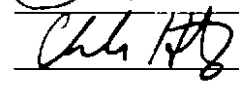
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of October, 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.



_____, Manager of Lakeland Gateway GP, LLC



_____, Manager of Lakeland South Creek GP, LLC

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75