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(Dawasahala Masas)						
(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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COVER LETTER

то:	Registration Section Division of Corporations					
CHR	JECT: The Pointe at Riverwalk, LP					
SUD	Name of Florida Limited Pa	artnership or	r Limi	ted Liabil	lity Li	mited Partnership
The e	enclosed Certificate of Limited Partners	ship and fo	ees ar	e submi	itted	for filing.
Pleas	e return all correspondence concerning	this matte	er to:			
Misty	Kent			_		
	Contact Person					
Royal	American					
	Firm/Company			_		
1002 \	W. 23rd Street, Ste. 400					
	Address			_		
Panan	na City, FL 32405					
	City, State and Zip Code			_		
mistv.	kent@royalamerican.com					
	-mail address: (to be used for future annual re	port notifica	ition)		_	
	urther information concerning this mat					
Misty	Kent	at (850		769-89	081	
	Name of Contact Person	_ \	Code a	nd Daytii	me Te	lephone Number
Enclo	osed is a check for the following amour	nt:				
(\$9 \$3:	,000.00 Filing Fees S1,008.75 Filing Fees 065 Filing Fee and and Certificate of 5 Registered Agent Status ee)	\$1,052, and Ce			(51.061.25 Filing Fees, Jertified Copy, and Jertificate of Status
STRI	EET ADDRESS:	N	IAIL	ANG A	DDR	RESS:
	stration Section	Registration Section				
	ion of Corporations			on of Co	-	rations
	on Building Executive Center Circle			3ox 632 assee, F		0214
	hassee, FL 32301	ı	बाधा	assee, r	1. 32	4.7.1. "f
CR2E0	J30 (6/17)					

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



Page 1 of 2

Name: RA The Pointe at Riverwalk, LLC	Business Address: 1002 W. 23rd Street, Ste. 400	
NATHE FORMER RIVERWARK, LLC	-	
	Panama City, Ft. 32405	
		
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- 		1
		Ser.
	<u> </u>	
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the Florida Department of State.) Note: If the date inserted in this blo	ate of filing: r more than 90 days after the date the documen ck does not meet the applicable statutory filing to ument's effective date on the Department of Sta	requirement
Signed this 244	day of Cttober 2019	
Signature of each general partner: I, nerein are true. I/We am/are aware	We submit this document and affirm that the factor any false information submitted in a document degree felony as provided for in s.817.155. I	ent to the
filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agen \$52.50	t Fee)