## A19000000498

| (Requestor's Name)                      |              |  |  |
|---|--------------|--|--|
| (Address)                               |              |  |  |
| (Address)                               |              |  |  |
| (City/State/Zip/Phone #)                |              |  |  |
| PICK-UP WAIT                            | MAIL         |  |  |
| (Business Entity Name)                  | <del> </del> |  |  |
| (Document Number)                       |              |  |  |
| Certified Copies Certificates of S      | Status       |  |  |
| Special Instructions to Filing Officer. |              |  |  |
|   |              |  |  |
|   |              |  |  |
|   |              |  |  |
| <del></del>                             |              |  |  |





000336376120

10/30/19--01014--012 ++1061.2

19 OCT 30 PU 1: 20

19 OCT 30 AM 9: 2 SECRETARY OF STATE TALL AMASSEE FLOOR

K. SALY OCT 3 1 2019

## **COVER LETTER**

| TO: Registration Section Division of Corporations |   |
|---|---|
| SUBJECT: The Pointe at Piney-Z, LP                |   |
|   | limited Partnership or Limited Liability Limited Partnership  |
| The enclosed Certificate of Limited               | Partnership and fees are submitted for filing.  |
| Please return all correspondence cor              | ncerning this matter to:  |
| Misty Kent  |   |
| Contact Person                                    |   |
| Royal American                                    |   |
| Firm/Company                                      |   |
| 1002 W. 23rd Street, Ste. 400                     |   |
| Address   |   |
| Panama City, FL 32405                             |   |
| City, State and Zip C                             | Code  |
| misty.kent@royalamerican.com                      |   |
| E-mail address: (to be used for future            | annual report notification)   |
| For further information concerning t              | his matter, please call:  |
| Misty Kent  | at ( <u>850</u> ) <u>769-8981</u>   |
| Name of Contact Person                            | Area Code and Daytime Telephone Number  |
| Enclosed is a check for the following             | g amount:   |
|   | iling Fees S1,052.50 Filing Fees te of and Certified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS:                                   | MAILING ADDRESS:  |
| Registration Section                              | Registration Section  |
| Division of Corporations Clifton Building         | Division of Corporations<br>P. O. Box 6327  |
| 2661 Executive Center Circle                      | Tallahassee, FL 32314   |
| Tallahassee, FL 32304                             |   |

CR2E030 (6/17)

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

|   | 19 OCT ED                              |
|---|--|
|   | 19 OCT 30                              |
|   | 19 OCT 30 AH 9: 2                      |
| • | SECRETAL AH 9: 2  FALLAHASSEE, FLORIDA |

| The Pointe at Piney-Z, LP L.   |
|--|
| (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. 1002 W. 23rd Street, Ste. 400   |
| (Street address of initial designated office)  |
| Panama City, FL 32405  |
| 3. Lauretta J. Pippin  |
| (Name of Registered Agent for Service of Process)  |
| 4. 1022 W. 23rd Street, 3rd Floor  |
| (Florida street address for Registered Agent)  |
| Panama City, FL 32405  |
| 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp<br>with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia<br>with and accept the obligations of my position as registered agent. |
| Signature of Registered Agent  |
| 6. 1002 W. 23rd Street, Ste. 400   |
| (Mailing address of initial designated office)   |
| Panama City, FL 32405  |
|  |
| 7. If limited partnership elects to be a limited liability limited partnership, check box [].  |

Page 1 of 2

| Name: RA The Pointe at Piney-Z. LLC                                     | Business Address:<br>1002 W. 23rd Street, Ste. | 40n                           |
|---|--|-------------------------------|
| KA The Pointe at Piney-2. CEX.  | <del></del>                                    | 400                           |
|   | Panama City, FL 32405                          |                               |
|   | <u> </u>                                       |                               |
|   |  |                               |
|   |  |                               |
|   |  | 90                            |
|   |  | CJ                            |
|   |  |                               |
|   |  |                               |
|   |  |                               |
|   | <del></del>                                    |                               |
|   |  | <del></del>                   |
|   |  |                               |
|   |  |                               |
|   | <del></del>                                    |                               |
| 2. Effective date, if other than the                                    | <del></del>                                    | 1                             |
| Effective date cannot be prior to s<br>he Florida Department of State.) | ior more inan 90 days after the                | aate the aocument is fitea by |
| <b>Note:</b> If the date inserted in this bl                            | • •  | - <del>-</del> -              |
| his date will not be listed as the de                                   | ocument 8 effective date of the                | Department of State's records |
| Signed this 284   | day of Oft.                                    | 2019                          |
|   |  | <u> </u>                      |
| lignature of each general partner;<br>erein are true. I/We am/are aware |  |                               |
| Pepartment of State constitutes a t                                     |  |                               |
| author A. Roy   |  |                               |
| sectificated GHI  |  |                               |
|   |  |                               |
| 28 F  | Ø1 A0A OA . 20 . 2 . 2                         | 22.5                          |
| Filing Fees:<br>Certified Copy (optional):                              | \$1,000.00 (\$965 Filing Fee and \$52.50       | 835 Registered Agent Fee)     |
| Certificate of Status (optional):                                       | \$8.75   |                               |