

GP SARASOTA HOLDING OPPORTUNITIES, INC. IN THE PROCESS OF BEING FILED WITH
AUDIT NO. H19000326539

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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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

Amaryllis Park Place, LLP

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

1. AMARYLLIS PARK PLACE, 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 LLLP.

2. 1079 Mulberry Way, Boca Raton, FL 33486

(Street address of initial designated office)

3. Corporation Company of Miami

(Name of Registered Agent for Service of Process)

4. 200 South Biscayne Boulevard, Suite 4100 (GJC)

(Florida street address for Registered Agent)

Miami, Florida 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.*



Signature of Registered Agent

6. 1079 Mulberry Way, Boca Raton, FL 33486

(Mailing address of initial designated office)

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:

Sarasota Housing Opportunities Corp.

269 South Osprey Avenue
Suite 100
Sarasota, FL 4236

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 5th day of November, 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.


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

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