A20000000048

	(Requestor's Name)			
	···			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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K. SALY FEB 5 2026

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 2/4/2020

PRIORITY Routine

OUR REF # (Order ID#) 805116

ORDER ENTITY . . .

FEDERATION DAVIE PRESERVATION LP

PLEASE PERFORM THE FOLLOWING SERVICES: FEDERATION DAVIE PRESERVATION LP (FL)

New LP filing

NOTES:

\$1,000.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 04, 2020 Page 1 of 1

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



oari	me of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited inership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership ixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
, 2	250 West 55th Street, 35th Floor
	(Street address of initial designated office)
-	New York, NY 10019
3 I	Incorporating Services, Ltd.
۰	(Name of Registered Agent for Service of Process)
4	1540 Glenway Drive
+	(Florida street address for Registered Agent)
-	Tallahassee, FL 32301
wii	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conhibit the provisions of all statutes relative to the proper and complete performance of my duties, and I am family hand accept the obligations of my position as registered agent.
	Signature of Registered Agent
6	250 West 55th Street, 35th Fl
υ	(Mailing address of initial designated office)
	New York, NY 10019

Page 1 of 2

FILEL

Name and business address of eac Name:	Business Address:	cull FEB -4 AM
Affordable Housing Institute, Inc.	2121 Camden Road, Ste. B	AM AM
	Orlando, FL 32803	ALLAHASSE (FE
9. Effective date, if other than the describe date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this block this date will not be listed as the document.	r more than 90 days after the da ik does not meet the applicable s ument's effective date on the De	tarutory filing requirements, partment of State's records.
Signed this 3rd	day of Jebruary	/ <u>.205e</u>
Signature of each general partner: I/ herein are true. I/We am/are aware t Department of State constitutes a th dable Housing Institute, Inc., its	hat any false information submit	ted in a document to the in s.817.155, F.S.
eral Partner	× By	fro
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$3: \$52.50 \$8.75	5 Registered Agent Fee)

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