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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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/LLLP

Bonair Towers LLLP

Certificate of Status	1
Certified Copy	1
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FILED
SEP 25 2020
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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

1. Bonair Towers, 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. 4224 RENAISSANCE PRESERVE WAY

(Street address of initial designated office)

FORT MYERS, FL 339163. Marcia Davis

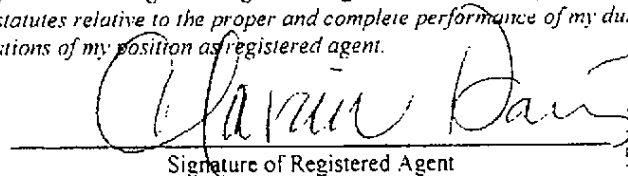
(Name of Registered Agent for Service of Process)

4. 4224 RENAISSANCE PRESERVE WAY

(Florida street address for Registered Agent)

FORT MYERS, FL 33916

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. 4224 RENAISSANCE PRESERVE WAY

(Mailing address of initial designated office)

FORT MYERS, FL 339167. 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:Southwest Florida Affordable Housing
Choice Foundation, IncBusiness Address:

4224 RENAISSANCE PRESERVE WAY

FORT MYERS, FL 33916

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 25th day of September, 2020

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.

Harlan Davis

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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