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(((H200003396073)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313 Phone : (305)358-9166

: (305)347-7766 Fax Number

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

McCown Tower, LLLP

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McCown Tower, LLLP

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

Partnership suffixes: Limit	up or Limited Liability Limited Partnership, which must include suffix) A ed Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Li Limited Partnership, L.L.L.P. or LLLP.	eceptable Limited imited Partnership	
2. 1100 NW 4th Avenue	,		
	(Street address of initial designated office)		
Delray Beach, FL 33-	444		
3. Corporation Company	of Miami		
J	(Name of Registered Agent for Service of Process)		
200 SOUTH BISCAY	'NE BOULEVARD, Suite 4100 (GJC)		
4	(Florida street address for Registered Agent)		
MIAMI, FL 33131			
with the provisions of all	ppointment as registered agent and agree to act in this capacity. I statutes relative to the proper and complete performance of my agations of my position as registered agent.	I further agree to comply luties, and I am familiar	
	Signature of Registered Agent Gary J. Coher	i, Vice President	
6. 1100 NW 4th Avenue	·,	(A)	,,
<u> </u>	(Mailing address of initial designated office)	<i>ڪ</i>	\Box
Delray Beach, FL 334	144		•
7. If limited partner	ship elects to be a limited liability limited partnership,	check box .	

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Name:		ch general partner: Business Address:			
Sarasota Housing Opportunities Corp.		269 S OSPREY AVE	#100		
	····	SARASOTA, FL 3423	36		
	_				
		<u></u>			
9. Effective date, if other than the (Effective date cannot be prior to r the Florida Department of State.)					
Note: If the date inserted in this bl this date will not be listed as the do	ock does ocument'	not meet the applica s effective date on the	able statutory filing requirem he Department of State's rec	ords	
Signed this	day o	September	2020		
Signature of each general partner:				d	
herein are true. I/We am/are aware Department of State constitutes a t	that any	false information sure ree felony as provide	ubmitted in a document to the ed for in s.817.155, F.S. ng Opportunities Corp., a	c	
		By: WIN	NZ		
	<u> </u>	William O. Russ	ell, III, President & CEO	l	
Filing Fees: Certified Copy (optional):	\$52.5	0	and \$35 Registered Agent Fee)		
Certificate of Status (optional):	\$8.75	Page 2 of 2			