

A2000000459

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000361582 3)))



H200003615823ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : 119990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DIANNE.HOSS@OURPLANBINC.COM

RECEIVED
2020 OCT 20 AM 10:06

FLORIDA/FOREIGN LP/LLLP
BETHANY GARDENS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

FILED
2020 OCT 20 AM 10:12
CLERK OF DISTRICT COURT
JANESVILLE, WISCONSIN

(((H20000361582 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETHANY GARDENS, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

DIANNE HOSS

Contact Person

OUR PLAN B, INC.

Firm/Company

P.O. BOX 768

Address

RUSTON, LA 71273-0768

City, State and Zip Code

DIANNE.HOSS@OURPLANBINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANNE HOSS

at

(318)

242-0156

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(S965 Filing Fee and
S35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

(((H20000361582 3)))

(((H20000361582 3)))

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

1. BETHANY GARDENS, LTD.

(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 L.L.L.P.

2. 7077 HIGHWAY 80 W, RUSTON, LA 71270

(Street address of initial designated office)

3. JEFFREY SHARKEY

(Name of Registered Agent for Service of Process)

4. 160 E. COLLEGE AVENUE, SUITE 1110

(Florida street address for Registered Agent)

TALLAHASSEE, FL 32301

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. P.O. BOX 768, RUSTON, LA 71273-0768

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

2020 OCT 20 AM 10:12
STATE
CLERK
TALLAHASSEE, FL 32301

FILED

(((H20000361582 3)))

(((H20000361582 3)))

8. Name and business address of each general partner:

Name:Business Address:

BETHANY GARDENS GP, LLC

7077 HIGHWAY 80 W

RUSTON, LA 71270

2020 OCT 20 AM 10:12

FILED

FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS

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 14th day of October, 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.

Vice President of Ariel Housing, Inc., Manager of
General Partner

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

Page 2 of 2

(((H20000361582 3)))