

10/20/2020

Division of Corporations

Florida Department of State

A2000000472

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.

((H20000364662 3))



H200003646623ABC\$

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 21 AM 11:20

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

Village Retreat, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

PLEASE HONOR ORIGINAL
SUBMISSION DATE OF

10/20/2020 AND PLEASE FILE
AFTER H20000364679 3

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

1. Village Retreat, L.P.
(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. 295 W Crossville Road, Suite 720
(Street address of initial designated office)
Roswell, GA 30075

3. CT Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 S Pine Island Rd, #250
(Florida street address for Registered Agent)
Plantation, FL 33324

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.

Nichol McCroy Nichol McCroy, Assistant Secretary
Signature of Registered Agent

6. 1200 S Pine Island Rd, #250
(Mailing address of initial designated office)
Plantation, FL 33324

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

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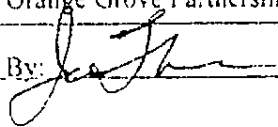
8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
Orange Grove Partnerships - Retreat, LLC	295 W Crossville Road, Ste 720
_____	Koswell, GA 30075
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 20th 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.

Orange Grove Partnerships - Retreat, LLC, general partner
 By:  _____

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