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

From:
Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: jmorrow@integrafl.com

FLORIDA/FOREIGN LP/LLLP
ELIZABETH PARK RESIDENTIAL, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
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OCT 22 2020

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

1. Elizabeth Park Residential, LP

(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. 1580 Sawgrass Corporate Parkway, Suite 100, Ft. Lauderdale, FL 33323

(Street address of initial designated office)

3. Interurban, LLC

(Name of Registered Agent for Service of Process)

4. 150 SE 2nd Avenue, Suite 800, Miami, FL 33131

(Florida street address for Registered Agent)

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. 150 SE 2nd Avenue, Suite 800, Miami, FL 33131

(Mailing address of initial designated office)

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:	Business Address:
EHDOC Elizabeth Park Charitable Corporation	1580 Sawgrass Corporate Parkway, Suite 100
	Ft. Lauderdale, FL 33323

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 21st 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.

Melanie Ribeiro, President & CEO 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**