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.

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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

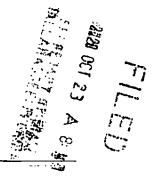
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmorrow@integrafl.com

FLORIDA/FOREIGN LP/LLLP

Coco Palm Place, LP

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CON SECURIOR SECURIOR

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

Coco Palm Place, LP	
Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptance Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Fartnership, L.L.L.P. or LLLP.	
2. 1580 Sawgrass Corporate Parkway, Suite 100, Ft. Lauderdale, FL 33323	
(Street address of initial designated office)	
Interurban, LLC	
(Name of Registered Agent for Service of Process)	
150 SE 2nd Avenue, Suite 800, Miami, FL 33131	
4(Florida street address for Registered Agent)	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. If with the provisions of all statutes relative to the proper and complete performance of my dutiwith and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
5. 150 SE 2nd Avenue, Suite 800, Miami, FL 33131	2829
(Mailing address of initial designated office)	867 21 HANNEY
7. If limited partnership elects to be a limited liability limited partnership, che	eck box .
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8. Name and business address of each general partner: Name: Business Address:			
EHDOC Coco Palm Place Charitable Corpor	etien 580 Sawgrass Corp	orate Parkway, Suite 100	
	Ft. Lauderdalo, FL 3	3323:	
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9. Effective date, if other than the dat	of fities		
(Effective date cannot be prior to nor the Florida Department of State:) Note: If the date inserted in this block this date will not be listed as the documents.	more than 90 days after to does not meet the applica	able statutory filing requirements	
Signed this	day of October	2020	
Signature of each general partner: I/We am/are aware that Department of State constitutes a third	e submit this document a t any false information si degree tennylas provide	ibmitted in a document to the	
Filing Fees: S Certified Copy (optional): S		nd \$35 Registered Agent Fee)	