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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LP/LLLP
MHP MD Senior II LLLP**

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Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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OCT 30 2020

M. SOLOMON

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Corporate Filing Menu

Help

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

1. MHP MD Senior II, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P. or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

2. 601 Brickell Key Drive, Suite 700

(Street address of initial designated office)

Miami, FL, 33131

3. Corporate Creations Network, Inc.

(Name of Registered Agent for Service of Process)

4. 801 US Highway 1

(Florida street address for Registered Agent)

North Palm Beach FL 33408

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.*



Carlos M Alvarez, Special Secretary

Signature of Registered Agent

6. 601 Brickell Key Drive, Suite 700

(Mailing address of initial designated office)

Miami, FL, 33131

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

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STATE OF FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

National Community Renaissance of California, Inc. 9421 Haven Ave

Rancho Cucamonga, CA 91730

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9. Effective date, if other than the date of filing: _____

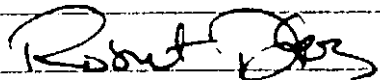
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Signed this 28th day of October, 2020

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.

By: National Community Renaissance of California, Inc., its general partner



By: Robert Diaz, its Secretary

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