

**A20000000509**

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

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

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TALLAHASSEE, FLORIDA

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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.\*\***

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SECRETARY OF STATE

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

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

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Corporate Filing Menu

Help

45  
10/30/20

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

1. MHP MD Senior I, L.L.P.  
(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.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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CLERK OF SUPERIOR COURT  
MIAMI, FLORIDA

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:

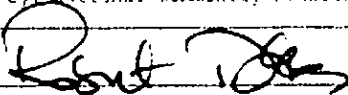
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

**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 28<sup>th</sup> 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, Secretary

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