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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.\*\*

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## FLORIDA/FOREIGN LP/LLLP MHP FL IX LLLP

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

ffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
601 Brickell Key Drive, Suite 700,	
(Street address of initial designated office)	
Miami, Florida 33131	
Mr. Christopher Shear	
(Name of Registered Agent for Service of Process)	
601 Brickell Key Drive, Suite 700	<b>-</b>
(Florida street address for Registered Agent)	2.0
Miami, FL 33131	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
I hereby accept the appointment as registered agent and agree to act in this capaci	ty. I further agree for
iii the provisions of all statutes relative to the proper and complete performance of n	ry duties, and I am f
ith and accept the obligations of my position as registered agent.	71. (S)
	i i i i i i i i i i i i i i i i i i i
Signatura M. D. Sand A. and	
Signature of Registered Agent	<i>/</i> -
601 Brickell Key Drive, Suite 700	

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

Page 1 of 2

<ol><li>Name and business address of ex Name:</li></ol>	ach general partner: Business Address:	
MHP FL IX GP, LLC	601 Brickell Key Drive, Se	uite 700,
	Miami, Florida 33131	
		-11
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		· · · · · · · · · · · · · · · · · · ·
9. Effective date, if other than the effective date cannot be prior to n the Florida Department of State.)  Note: If the date inserted in this block his date will not be listed as the do	or more than 90 days after the dock does not meet the applicable	ate the document is filed by statutory filing requirement
Signed this	day of	2020
Signature of each general partner: I nerein are true. I/We am/are aware Department of State constitutes a the	that any false information submi	itted in a document to the
By: MHP FL IX GP, LLC,	its Gen <u>eral Partner</u>	
By: Christoper Shear,	its Managing Member	
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$3	35 Registered Agent Fee)
Certificate of Status (optional):	\$8.75 Page 2 of 2	