

A20000380513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H20000380513 3)))



H200003805133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

**FLORIDA/FOREIGN LP/LLLP
MHP FL X LLLP**

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

RECEIVED
NOV 4 2020

NOV 4 2020

FILED

RECEIVED

2020 NOV -3 PM12:34

Electronic Filing Menu Corporate Filing Menu

Help
XEROX
11/20/2020

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

1. MHP FL X LLLP
(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. 601 Brickell Key Drive, Suite 700,
(Street address of initial designated office)
Miami, Florida 33131

3. Mr. Christopher Shear
(Name of Registered Agent for Service of Process)

4. 601 Brickell Key Drive, Suite 700
(Florida street address for Registered Agent)
Miami, FL 33131

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. 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: ☒.

FILED
NOV 14 2020
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

8. Name and business address of each general partner:

Name:

Business Address:

MHP FL X GP, LLC

601 Brickell Key Drive, Suite 700,

Miami, Florida 33131

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

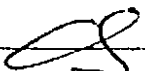
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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 30 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: MHP FL X GP, LLC, its General Partner



By: Christopher Shear, its Managing Members

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

~~\$52.50~~

Certificate of Status (optional):

\$8.75