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**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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**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 : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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

Email Address: \_\_\_\_\_

RECEIVED

2020 NOV 17 PM 1:52

**FLORIDA/FOREIGN LP/LLLP**  
**Hacienda Villas Apartments LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

20 NOV 17 AM 7:27

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

1. Hacienda Villas Apartments LP

(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. 86 Route 59 East

(Street address of initial designated office)

Spring Valley, NY 10977

3. Vcorp Services, LLC

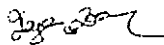
(Name of Registered Agent for Service of Process)

4. 5011 South State Road 7, Suite 106

(Florida street address for Registered Agent)

Davie, FL 33314

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. 86 Route 59 East

(Mailing address of initial designated office)

Spring Valley, NY 10977

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

8. Name and business address of each general partner:


<u>Name:</u>	<u>Business Address:</u>
Hacienda Villas Apartments HOD LLC	2600 Swope Parkway
	KANSAS CITY, MO 64130

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.)*

Signed this 17 day of November, 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.

 Israel Wilhelm, manager of GP- Hacienda Villas Apartments HOD LLC

\_\_\_\_\_

\_\_\_\_\_

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>