

# A21000000042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

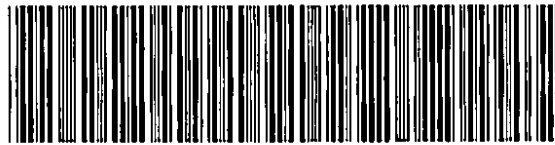
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
21 JAN 22 AM 11:09  
2021 JAN 22 PM 2:36  
FLORIDA

JAN 23 2021  
T. LEVIEUX

FILE 2

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 631431 4321791

AUTHORIZATION :

COST LIMIT : \$ 1000.00

*[Signature]*

ORDER DATE : January 21, 2021

ORDER TIME : 11:46 AM

ORDER NO. : 631431-050

CUSTOMER NO: 4321791

DOMESTIC FILING

NAME: SA RESIDENCES PRESERVATION,  
L.P.

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. SA Residences Preservation, L.P.

(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 L.L.P.*

2. c/o Related, 30 Hudson Yards, 72nd Floor

(Street address of initial designated office)

New York, New York 10001

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

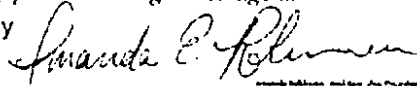
(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: \_\_\_\_\_



Signature of Registered Agent

6. 30 Hudson Yards, 72nd Floor, New York, NY 10001

(Mailing address of initial designated office)

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

21 JUN 22 AM 11:09  
-11-53

8. Name and business address of each general partner:

Name:

Business Address:

RA Initial Partner, LLC

c/o Related, 30 Hudson Yards, 72nd Floor  
New York, NY 10001

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 21st day of January, 2021.

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: Richard O'Toole, Authorized Officer of  
RA Initial Partner, LLC, its general partner

Richard O'Toole

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**