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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 819-3588

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
College Park Towers Apartments, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,000.00

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2021 FEB -5 AM 9:14

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FEB - 8 2021

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

1. College Park Towers 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 L.LLP.

2. 10700 SW 109th Ct
(Street address of initial designated office)

Miami FL 33176

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. 5011 South State Road 7, Suite 106
(Mailing address of initial designated office)

Davie, FL 33314

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

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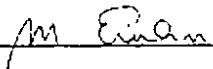
8. Name and business address of each general partner:

Name:Business Address:College Park Towers HOD LLC86 Route 59 EastSpring Valley, NY 109779. 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 5th day of February, 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.

executive manager of general partner**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**