

A21000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

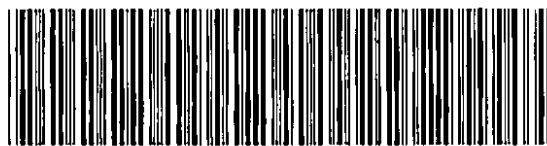
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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FILED  
2021 MAR -9 PM 14:11  
TALLAHASSEE, FLORIDA

CD

2021 MAR -9 PM 12:28

SAI  
GAT

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/8/2021

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 897362

**ORDER ENTITY**

THE VILLAGE AT EASTPOINTE APARTMENTS LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

THE VILLAGE AT EASTPOINTE APARTMENTS LP ( FL )

Please file the attached Certificate of Limited Partnership and provide a certified copy and certificate of status.

**NOTES:**

\$1,061.25 Authorized

Email address for annual report reminders: vmelone@shankmanleone.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, located at the bottom left of the page.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

**FILED**  
2021 MAR -9 PM 4:12  
FALLAHASSET, FLORIDA

1. The Village at Eastpointe 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. 2700 W. Cypress Creek Road, Suite D128  
(Street address of initial designated office)  
Fort Lauderdale, FL 33309

3. The Village at Eastpointe Apartments GP LLC, a Florida limited liability Company  
(Name of Registered Agent for Service of Process)

4. 2700 W. Cypress Creek Road, Suite D128  
(Florida street address for Registered Agent)  
Fort Lauderdale, FL 33309

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.*

Narrik  
Signature of Registered Agent

6. 2700 W. Cypress Creek Road, Suite D128  
(Mailing address of initial designated office)  
Fort Lauderdale, FL 33309

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

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2021 MAR -9 PM 4:12  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

The Village at Eastpointe Apartments GP LI

2700 W. Cypress Creek Road, Suite D128

Fort Lauderdale, FL 33309

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 8 day of March, 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.

Nazzari  
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**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**