

A21 000000310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

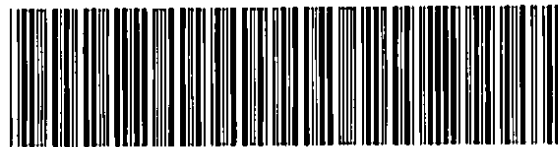
(Document Number)

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2021 JUN 29 AM 11:56

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 29 AM 9:45

FILED

SP

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

ACCOUNT NO. : I20000000195

REFERENCE : 882903 8113042

AUTHORIZATION : *Alman*

COST LIMIT : \$ 1000.00

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ORDER DATE : June 28, 2021

ORDER TIME : 8:10 AM

ORDER NO. : 882903-005

CUSTOMER NO: 8113042

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DOMESTIC FILING

NAME: CLARCONA GROVES APARTMENTS,  
LTD.

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clarcona Groves Apartments, Ltd.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Hanna Jamar

Contact Person

Lincoln Avenue Capital

Firm/Company

680 5th Avenue 17th Floor

Address

New York, NY 10019

City, State and Zip Code

hanna@lincolnavecap.com    jinxi@lincolnavecap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanna Jamar at ( 646 ) 585-5525

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. Clarcona Groves Apartments, Ltd.

(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. 401 Wilshire Blvd, Suite 1070,  
(Street address of initial designated office)

Santa Monica, CA 90401

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:

Alexis W. [Signature]  
Signature of Registered Agent

6. 401 Wilshire Blvd, Suite 1070,  
(Mailing address of initial designated office)

Santa Monica, CA 90401

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

8. Name and business address of each general partner:

Name:

Business Address:

Clarcona Groves GP LLC

401 Wilshire Blvd, Suite 1070

Santa Monica, CA 90401

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 28th day of June, 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.

Hanna Jamar

By: Hanna Jamar, Vice President of  
Clarcona Groves GP LLC, a Delaware  
limited liability company, its 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**