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Florida Department of State
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**FLORIDA/FOREIGN LP/LLP
PALM BEACH WEST ASSOCIATES IV, LLLP**

Certificate of Status	1
Certified Copy	1
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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FILL
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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
PALM BEACH WEST ASSOCIATES IV, LLLP**

The undersigned, desiring to form a limited liability limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Florida Department of State this Certificate of Limited Liability Limited Partnership, as follows:

1. The name of the limited liability limited partnership (the "Partnership") is:

PALM BEACH WEST ASSOCIATES IV, LLLP

2. The street and mailing address of the initial designated office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.1111 of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act") is:

1600 Sawgrass Corporate Parkway, Suite 400
Sunrise, Florida 33323

3. The name and address of the agent for service of process required to be maintained by Section 620.1114 of the Act is:

Steven M. Helfman, Esq.
1600 Sawgrass Corporate Parkway, Suite 400
Sunrise, Florida 3323

4. The name and business address of the General Partner of the Partnership is:

Palm Beach West IV Corporation
1600 Sawgrass Corporate Parkway, Suite 400
Sunrise, Florida 3323

5. The Partnership elects to be a limited liability limited partnership.

6. The effective date shall be the date of filing of this Certificate by the Florida Department of State.

SIGNED this 8th day of July, 2021.

GENERAL PARTNER:

PALM BEACH WEST IV CORPORATION, a
Florida corporation

By: 

Steven M. Helfman, Vice President

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ACCEPTANCE OF APPOINTMENT

AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph 3 of the Certificate of Limited Liability Limited Partnership of Palm Beach West Associates IV, LLLP, hereby accepts the appointment as such registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Steven M. Helfman, Esq., Registered Agent

July 8, 2021

(Date)

2021 JUL -8 PM 4:08
STATE OF FLORIDA
TALLAHASSEE, FL 32304

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