

# A 21000000 407

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
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**FLORIDA/FOREIGN LP/LLLP**  
**Golden Acres Senior Apartments, LLLP**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

1. Golden Acres Senior Apartments, LLLP

(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. 321 West Atlantic Boulevard

(Street address of initial designated office)

Pompano Beach, FL 33060

3. Patrice Watkins-Edwards

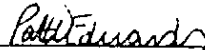
(Name of Registered Agent for Service of Process)

4. 321 West Atlantic Boulevard

(Florida street address for Registered Agent)

Pompano Beach, FL 33060

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. 321 West Atlantic Boulevard

(Mailing address of initial designated office)

Pompano Beach, FL 33060

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:

HAPB-Villas at Blanche Ely GP Corp.

321 West Atlantic Boulevard

Pompano Beach, FL 33060

## 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 2nd day of August, 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.

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

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