

A210000000422
 REQUEST ORIGINAL FILING DATE 8-16-2021

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000301439 3)))



H210003014393ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : SHUTTS & BOWEN, LLP
 Account Number : 076447000313
 Phone : (305) 358-9166
 Fax Number : (305) 347-7766

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

Email Address: GCohen@shutts.com

FLORIDA/FOREIGN LP/LLP
Lafayette Square Senior Housing, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$1,061.25

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Handwritten: 7/12/21



August 11, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN, LLP

SUBJECT: LAFAYETTE SQUARE SENIOR HOUSING, LLLP
REF: W21000111081

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The second general partner can not be read it is too small.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H21000301439
Letter Number: 921A00019022

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H21000301439 3)))

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

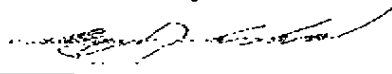
1. LAFAYETTE SQUARE SENIOR HOUSING, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.L.P.

2. 9400 South Dadeland Boulevard, Suite 100
(Street address of initial designated office)
Miami, FL 33156

3. CORPORATION COMPANY OF MIAMI
(Name of Registered Agent for Service of Process)

4. 200 S. Biscayne Blvd Suite 4100 (GJC)
(Florida street address for Registered Agent)
Miami, FL 33131

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 Gray J. Cohen, Vice President

6. 9400 South Dadeland Boulevard, Suite 100
(Mailing address of initial designated office)
Miami, FL 33156

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

(((H21000301439 3)))

FILED
21 AUG 11 PM 12:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:Business Address:

PC LAFAYETTE SENIOR, LLC

9400 South Dadeland Boulevard, Suite 100

Miami, FL 33156

SOUTHWEST FLORIDA AFFORDABLE
HOUSING CHOICE FOUNDATION, INC.

4224 RENAISSANCE PRESERVE WAY

FORT MYERS, FL 33916

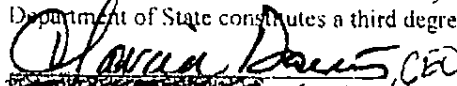
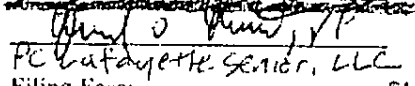
9. Effective date, if other than the date of filing: _____

(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 10th 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.

~~Sharon Davis, CEO~~ Southwest Florida Affordable Housing Choice Foundation, Inc.
PC Lafayette Senior, LLC

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75