



A210000000430
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.

((H21000304946 3))



H210003049463ABC\$

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 : CAPITOL SERVICES, INC.
Account Number : 12016000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

RECEIVED
2021 AUG 12 PM 4:28
TALLAHASSEE, FLORIDA

2021 AUG 10 AM 9:04

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

Email Address: _____

FLORIDA/FOREIGN LP/LLP
INDEPENDENT HOUSING PARTNERS, LP



Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50



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

1. INDEPENDENT HOUSING PARTNERS, 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 L.L.P.

2. 700 North Denning Drive

(Street address of initial designated office)

Winter Park, FL 32789

3. CAPITOL CORPORATE SERVICES, INC

(Name of Registered Agent for Service of Process)

4. 515 E Park Ave., 2nd Floor

(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.*

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Signature of Registered Agent

6. 700 North Denning Drive

(Mailing address of initial designated office)

Winter Park, FL 32789

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

2021 AUG 10 AM 10:04
STATE OF FLORIDA
SECRETARY OF STATE

8. Name and business address of each general partner:

Name:

Business Address:

IHP, LLC

700 North Denning Drive

Winter Park, FL 32789

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 12 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.



As Authorized Representative
of IHP, LLC (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