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Florida Department of State
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From:
Account Name : SHUTTS & BOWEN, LLP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: G.Cohen@shutts.com

FLORIDA/FOREIGN LP/LLLP
St. Joseph Manor II LLLP

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

1. ST. JOSEPH MANOR II, 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. 1100 NW 4th Avenue.

(Street address of initial designated office)

DELRAY BEACH, FL 334443. CORPORATION COMPANY OF MIAMI

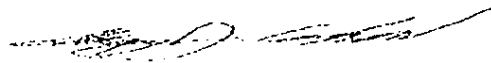
(Name of Registered Agent for Service of Process)

4. 200 S. BISCAYNE BLVD. SUITE 4100 (GJC)

(Florida street address for Registered Agent)

MIAMI, FLORIDA 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 Gary J. Cohen, Vice President

6. 1100 NW 4th Avenue.

(Mailing address of initial designated office)

Delray Beach, FL 334447. If limited partnership elects to be a limited liability limited partnership, check box ☒.

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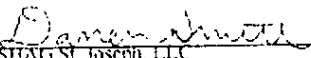
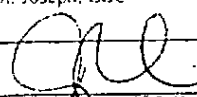
8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
SHAG ST. JOSEPH, LLC	1100 NW 4th Avenue, Delray Beach, FL 33444
CHS ST. JOSEPH MANOR II, INC.	4790 N STATE RD 7 LAUDERDALE LAKES, FL 33319

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 September, 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.

 SHAG St. Joseph, LLC	_____
 CHS ST. JOSEPH MANOR II, INC.	_____

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
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