A2200000010

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only





800378020088

01/06/22--01001--031 **1250.08

EZZ JAN-5 FIL 3119

#4580 98 ST

APPROVED AND FILED

N. Brumpley

CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

]	PICK UP:	1/5 DANNY	——————————————————————————————————————
	CERTIFIED COP	¥		
XX	РНОТОСОРУ			
	CUS			
XX	FILING	LTD		
<u></u>	VHFT AFFORDAB CORPORATE NAME AND D	LE 1, LTD.		File 2 Net
2	CORPORATE NAME AND D			
3.	CORPORATE NAME AND D			
. (0	CORPORATE NAME AND D	OCUMENT #)		
i. (C	CORPORATE NAME AND D	OCUMENT #)		
(C	CORPORATE NAME AND D	OCUMENT #)		
PECIAL NSTRUCT	ΓIONS:			
			· · · · · · · · · · · · · · · · · · ·	

COVER LETTER

Division of Corporations	
SUBJECT: WHFT AFFORDABLE I, LTD.	
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnersh	ip and fees are submitted for filing.
Please return all correspondence concerning t	his matter to:
N. Dwayne Gray, Jr., Esquire	
Contact Person	
Zimmerman, Kiser & Sutcliffe, P.A.	
Firm/Company	
315 E. Robinson Street, Suite 600	
Address	
Orlando, FL 32801	
City, State and Zip Code	
jlagmay@wendovergroup.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter	r, please call:
Jessica Snyder, Corporate Paralegal	at (407) 425-7010
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S1,000.00 Filing Fees S1,008.75 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee)	\$1,052.50 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (6/17)

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

WHFT AFFORDABLE I, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited

<u> </u>	rk Drive, Suite 200 (Street address of initial designated office)
Altamonte Springs	
N. Dwayne Gray, Ji	Esquire
	(Name of Registered Agent for Service of Process)
315 E. Robinson St	cet. Suite 600
	(Florida street address for Registered Agent)
Orlando, Florida 32	
. I hereby accept the ith the provisions of i	appointment as registered agent and agree to act in this capacity. I further agree to could statutes relative to the proper and complete performance of my duties, and I am familigations of my position as registered agent. N. Wayn J. Signature of Registered Agent
. I hereby accept the ith the provisions of ith and accept the ob	appointment as registered agent and agree to act in this capacity. I further agree to could statutes relative to the proper and complete performance of my duties, and I am familigations of my position as registered agent. M. Dwy L. J. Signature of Registered Agent
. I hereby accept the ith the provisions of i	appointment as registered agent and agree to act in this capacity. I further agree to could statutes relative to the proper and complete performance of my duties, and I am familigations of my position as registered agent. M. Dwy L. J. Signature of Registered Agent

Page 1 of 2



Name:	Business Address:	
WHFT Affordable I GP, LLC	1105 Kensington Park Drive, Suite 200	
	Altamonte Springs, Florida 32714	
		_
		
		.
		
		
the Florida Department of State.)	date of filing: or more than 90 days after the date the documen ock does not meet the applicable statutory filing r	
this date will not be listed as the do	cument's effective date on the Department of Sta	ite's records
Signed this	day of	
herein are true. I/We am/are aware	/We submit this document and affirm that the faction that any false information submitted in a docume aird degree felony as provided for in s.817.155, F	ent to the
WHFT Affordable I GP, LLC		
n. Dwge By Gr		
By: N. Dwayne Gray, Jr., Esq Authorized Representative		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent \$52.50 \$8.75	(Fee)