

A22000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB - 8 2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **February 07, 2022**

Account#: I20000000088

Name: **GREG PINTACUDA**

Reference #: **1594303**

Entity Name: **JOHN BROWN 2022 I, LLLP**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

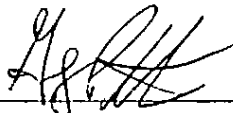
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **APON FILING PLEASE PROVIDE CERTIFIED COPY**

Authorized Amount: **\$1,052.50**

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John Brown 2022 I, LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Cindy Moreno  
Contact Person  
c/o ACRUVA Capital Partners II, LLC  
Firm/Company  
806 S. Military Trail  
Address  
Deerfield Beach, FL 33442  
City, State and Zip Code  
entities@alliantcapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Moreno at ( 305 ) 709-3927  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ( \$965 Filing Fee and \$35 Registered Agent Fee )  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☐ \$1,052.50 Filing Fees and Certified Copy  
☐ \$1,061.25 Filing Fees, Certified Copy, and 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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

JOHN BROWN 2022 I, L.L.P.

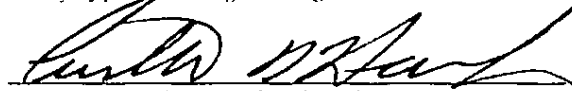
1. \_\_\_\_\_  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P., or LLP.

2. \_\_\_\_\_  
806 S. Military Trail  
(Street address of initial designated office)  
Deerfield Beach, FL 33442

3. \_\_\_\_\_  
Curtis Hamlin, Esq.  
(Name of Registered Agent for Service of Process)

4. \_\_\_\_\_  
1205 Manatee Avenue West  
(Florida street address for Registered Agent)  
Bradenton, Florida 34205

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. \_\_\_\_\_  
806 S. Military Trail  
(Mailing address of initial designated office)  
Deerfield Beach, FL 33442

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

VOAF Phoenix, LLC

405 Central Avenue, Suite 100

St. Petersburg, FL 33701

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 31st day of January, 2022

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.

VOAF Phoenix, LLC

by Volunteers of America Florida member manager

by Janet V. Strong fellow

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75