

A22000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

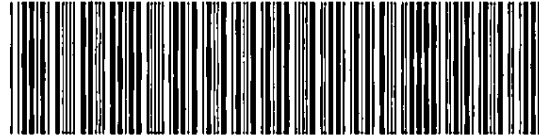
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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2022 FEB 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

FEB 17 2022

K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/17/2022

Acc#I20160000072

en: c DW

Name:	Southward Village Phase 2, LP
Document #:	
Order #:	14163937

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1000.00

Thank you!

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

1. Southward Village Phase 2, 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 LLLP.

2. 720 Olive Street Suite 2500

(Street address of initial designated office)

St. Louis, MO 63101

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

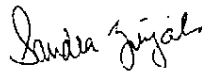
(Florida street address for Registered Agent)

Plantation, Florida 33324

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.*

C T Corporation System

By: Sandra Zwijack, Asst. Secretary



Signature of Registered Agent

6. _____

(Mailing address of initial designated office)

720 Olive Street Suite 2500, St. Louis, MO 63101

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Fort Myers Redevelopment, LLC

720 Olive Street Suite 2500

St. Louis, MO 63101

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 16th day of February, 2022

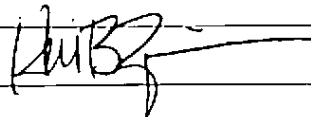
Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Fort Myers Redevelopment, LLC, its General Partner

By: Fort Myers Redevelopment Manager, LLC, its Member

By: MBS Investment Management Company, its Sole Member

By: Hillary B. Zimmerman, its Vice President



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75