

A22000000130

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.

((H22000087159 3)))



H220000871593ABC1

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 : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

RECEIVED
STATE
MAR -8 AM 8:07

****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/LLLP
BAHAMA VILLAGE COMMUNITY, LTD.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

2022 MAR -8 AM 10:14

Electronic Filing Menu

Corporate Filing Menu

Help S. HAWKES
FEB - 2021

H22000087159 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bahama Village Community, Ltd
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:

Becky White
Contact Person

Vestcor
Firm/Company

3030 Hartley Road, Suite 310
Address

Jacksonville, FL 32257
City, State and Zip Code

bwhite@vestcor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky White at (904) 288-7796
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

H22000087159 3

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

1. Bahama Village Community, Ltd.
(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. 3030 Hartley Road, Suite 310
(Street address of initial designated office)
Jacksonville, FL 32257

3. Vestcor, Inc.
(Name of Registered Agent for Service of Process)

4. 3030 Hartley Road, Suite 310
(Florida street address for Registered Agent)
Jacksonville, FL 32257

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. 3030 Hartley Road, Suite 310
(Mailing address of initial designated office)
Jacksonville, FL 32257

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

H22000087159 3

8. Name and business address of each general partner:

Name:Business Address:Bahama Village GP, LLC3030 Hartley Road, Suite 310Jacksonville, FL 32257

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 7th day of March, 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.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75