

A 2200000 239

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.

((H220001411053)))



H220001411053ABCQ

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) 617-6363

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7766

2022 APR 19 PM 12:05

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SteveKirk@ruralneighborhoods.org

SECRETARY OF STATE
TAMM ALIASSEE, FLORIDA

2022 APR 19 PM 5:31

FILED

FLORIDA/FOREIGN LP/LLLP
Renaissance Hall Senior Living, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

Electronic Filing
Menu

Corporate Filing Menu

Help

(((H22000141105 3)))

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

1. Renaissance Hall Senior Living, LLLP

(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. 19308 SW 380th Street,

(Street address of initial designated office)

Florida City, FL 33034

3. Steven C. Kirk

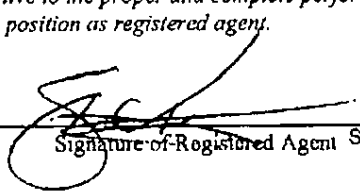
(Name of Registered Agent for Service of Process)

4. 19308 SW 380th Street,

(Florida street address for Registered Agent)

Florida City, FL 33034

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 Steven C. Kirk

6. P. O. Box 343529

(Mailing address of initial designated office)

Florida City, FL 33034

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

Page 1 of 2

(((H22000141105 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 19 PM 5:31

FILED

(((H22000141105 3)))

8. Name and business address of each general partner:

Name:Business Address:

Rural Neighborhoods, Incorporated

19308 SW 380th Street,

Florida City, FL 33034

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 19th day of April, 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.


Steven C. Jahn, President of Rural Neighborhoods, Incorporated**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**

Page 2 of 2

(((H22000141105 3)))