

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

2022 JUN 23 AM 8:15

**FLORIDA/FOREIGN LP/LLLP**

**Lakeside Escapes Eh Limited Partnership**

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

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DIVISION OF CORPORATIONS  
FLORIDA

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Corporate Filing Menu

Help 24 2022

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

1. Lakeside Escapes Eh Limited Partnership  
(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 L.L.P.

2. 628 Bethel Dr Keystone Heights, FL 32656  
(Street address of initial designated office)

3. Corporate Creations Network Inc.  
(Name of Registered Agent for Service of Process)

4. 801 US Highway 1 North Palm Beach, FL 33408  
(Florida street address for Registered Agent)

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.*

*Ashley Perkins*

Ashley Perkins, Special Secretary

Signature of Registered Agent

6. 104 Meadow Heights Drive Bracebridge, ON Canada P1L 1A4  
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Lakeside Living LLC

628 Bethel Dr Keystone Heights, FL 32656

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 13th day of June, 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.

Ashley Perkins

Lakeside Living LLC - General Partner  
By: Ashley Perkins, Special Manager

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**