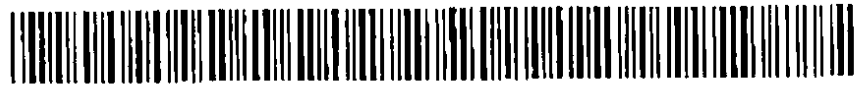


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: tucker.thoni@gray-robinson.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 23 PM 4:49

FILED

### FLORIDA/FOREIGN LP/LLLP

#### Palm Place Retreat RE, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

2022 JUL 24 AM 8:13

Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palm Place Retreat RE, 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:

Tucker Thoni, Esq.

Contact Person

GrayRobinson, P.A.

Firm/Company

301 E. Pine Street, Suite 1400

Address

Orlando, FL 32801

City, State and Zip Code

tucker.thoni@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tucker Thoni, Esq.

at

(407)

843-8880

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

1. Palm Pines Retreat RE, 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 L.L.P.

2. 220 Commerce, Suite 250

(Street address of initial designated office)

Irvine, CA 926023. Tucker Thoni, Esq.

(Name of Registered Agent for Service of Process)

4. 301 E. Pine Street, Suite 1400

(Florida street address for Registered Agent)

Orlando, FL 32801

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 Agent6. 220 Commerce, Suite 250

(Mailing address of initial designated office)

Irvine, CA 926027. If limited partnership elects to be a limited liability limited partnership, check box ☒.RECEIVED  
TALLAHASSEE  
FLORIDA

2022 JUN 23 PM 4:50

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## 8. Name and business address of each general partner:

Name:Business Address:

Palm Place Retreat, LLC

220 Commerce, Suite 250

Irvine, CA 92602

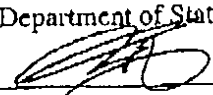
## 9. Effective date, if other than the date of filing: \_\_\_\_\_

(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 17th 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.

  
\_\_\_\_\_  
as Manager of Palm Place Retreat, LLC

## Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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