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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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K. Brumbley



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/23/2022

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1050148

ORDER ENTITY
THE VILLAS AT ORTEGA LP

D) EACE DEDEADM THE FALLAWING CEDIACEC.	•
PLEASE PERFORM THE FOLLOWING SERVICES:	
	
THE VILLAS AT ORTEGA LP (FL)	
INE VILLAS AT UNIEGA LP (TL)	

Please file the attached certificate of limited partnership and provide a certified copy and certificate of status.

NOTES:____

\$1,061.25 Authorized

Email address for annual report reminders: vmelone@shankmanleone.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, June 23, 2022 Page 1 of 1

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

1. The Villas at Ortega 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 L.L.P.
2. 2700 W. Cypress Creek Road. Suite D128
(Street address of initial designated office)
Fort Lauderdale, FL 33309
3. Noam H. Avrahami
(Name of Registered Agent for Service of Process)
4. 2700 W. Cypress Creek Road, Suite D128
(Florida street address for Registered Agent)
Fort Lauderdale, FL 33309
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.
177726
Signature of Registered Agent
6. P. O Box 4175
(Mailing address of initial designated office)
Fort Lauderdale, Fl. 33309
7. If limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2



<u>lame:</u>	Business Address	<u>v:</u>		
The Villas at Ortega GP2 LLC	2700 W. Cypress Cr	eek Road, Suite D128		
	Fort Lauderdale, FL	Fort Lauderdale, FL 33309		
	-			
9. Effective date, if other than the o	late of filing:			
Effective date cannot be prior to not he Florida Department of State.) Note: If the date inserted in this blo	or more than 90 days after ock does not meet the applic	cable statutory filing requireme		
his date will not be listed as the do	cument's effective date on	the Department of State's recor		
Signed this	day of	2022		
Signature of each general partner: L herein are true. I/We am/are aware Department of State constitutes a th The Villas at Ortega GP2 LL.C	that any false information s	submitted in a document to the		
By:	apany, its general partner			
Noam H. Avrahami its Authorized Member				
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee \$52.50	and \$35 Registered Agent Fee)		