

A22000000517
Florida Department of State
Division of Corporations
Corporation 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.

((H22000308990 3)))



H220003089903ABCO

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 : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

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

Email Address: carol@deebcompanies.net

FLORIDA/FOREIGN LP/LLLP
The Villas at Seven Hills, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

4:54 PM 9/7/2022

RECEIVED
FALLMILLS, FL 32110

2022 SEP - 7 AM 11:31

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP - 8 2022

< Brumby

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

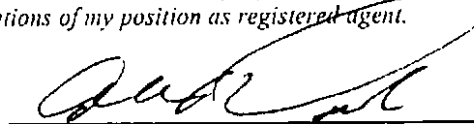
1. The Villas at Seven Hills, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 9400 River Crossing Boulevard, Suite 102
(Street address of initial designated office)
New Port Richey, Florida 34655

3. Alex R. Deeb
(Name of Registered Agent for Service of Process)

4. 9400 River Crossing Boulevard, Suite 102
(Florida street address for Registered Agent)
New Port Richey, Florida 34655

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. 9400 River Crossing Boulevard, Suite 102
(Mailing address of initial designated office)
New Port Richey, Florida 34655

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP -7 AM 11:31

APPROVED
AND
FILED

8. Name and business address of each general partner:

Name:Business Address:

Tri County Development, Inc.

9400 River Crossing Boulevard, Suite 102

New Port Richey, Florida 34655

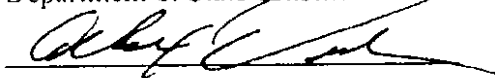
9. Effective date, if other than the date of filing: _____

(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 September, 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