

REQUEST ORIGINAL FILING DATE 12/3/2022

A22000000669Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7748

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

Email Address: ESchitts@smithhenzy.com**FLORIDA/FOREIGN LP/LLLP**
Riverside Park Apartments, LLLP

Certificate of Status	1
Certified Copy	1
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December 1, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN, LLP

SUBJECT: RIVERSIDE PARK APARTMENTS, LLLP
REF: W22000147244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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STANTON H ROBERTS
Regulatory Specialist II

FAX Aud. #: H22000403222
Letter Number: 522A00026513

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

1. Riverside Park Apartments, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix: 4012 name Limited Partnership suffix, Limited Partnership, Limited L.P., LP, or 4012 acceptable Limited Liability Limited Partnership suffix, Limited Liability Limited Partnership L.L.P. or LLLP)

2. 1100 NW 4th Avenue,

(Street address of initial designated office)

DELRAY BEACH, FL 33444

3. CORPORATION COMPANY OF MIAMI

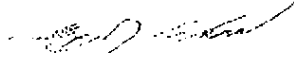
(Name of Registered Agent for Service of Process)

4. 200 S. BISCAYNE BLVD, SUITE 4100 (GJC)

(Florida street address for Registered Agent)

MIAMI, FLORIDA 33131

5. *I, therefore, accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I understand and accept the obligations of my position as registered agent.*



Signature of Registered Agent Gary J. Cohen, Vice President

6. 1100 NW 4th Avenue,

(Mailing address of initial designated office)

Delray Beach, FL 33444

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:

Riverside Park Methodist Apartments, Inc.

750 OAK ST

JACKSONVILLE, FL 32204-3338

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 11/29/22 day of _____ 2022

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We 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.

Timothy W. BushTIMOTHY W. BUSHPRESIDENT

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75