

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# A2200000685

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To:

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

From:

Account Name : SMUTTS & 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:** ESchlitts@smithhenzy.com

## FLORIDA/FOREIGN LP/LLLP Roseland Gardens, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

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Corporate Filing Menu

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APPROVED  
AND  
FILED

2022 DEC - 8 PM 12:06

DEC 09 2022

(((H22000414158 3)))

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

1. Roseland Gardens, L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.L.P.

2. 1100 NW 4th Avenue,

(Street address of initial designated office)

DELRAY BEACH, FL 33444

3. CORPORATION COMPANY OF MIAMI

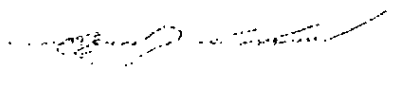
(Name of Registered Agent for Service of Process)

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

(Florida street address for Registered Agent)

MIAMI, FLORIDA 33131

5. I 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 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 ☒.APPROVED  
AND  
FILED

2022 DEC -8 PM 12:06

STATE  
OF  
FLORIDA  
CLERK OF  
COURT

(((H22000414158 3)))

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

Name:Business Address:

WPBHA Roseland Gardens, LLC

3700 GEORGIA AVENUE

WEST PALM BEACH, FL 33405

SHAG Roseland Gardens, LLC

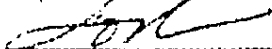
1100 NW 4th Avenue,

DELRAY BEACH, FL 33444

## 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 8th day of December, 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.

Linda Odum as President of the Managing Member  
of WPBHA Roseland Gardens, 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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((H22000414158 3)))

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

Name:Business Address:

WPBHA Roseland Gardens, LLC

3700 GEORGIA AVENUE

WEST PALM BEACH, FL 33405

SHAG Roseland Gardens, LLC

1100 NW 4th Avenue,

DELRAY BEACH, FL 33444

## 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.

8th

December

2022

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 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.

\_\_\_\_\_  
Darren Smith, Manager of SHAG Roseland Gardens, LLC\_\_\_\_\_  
Darren Smith, Manager of SHAG Roseland Gardens, LLC

Filing Fees:

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

Certified Copy (optional):

\$52.50

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