

REQUEST ORIGINAL FILING DATE 11-29-2022

Florida Department of State
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((H22000403012 3))



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To: Division of Corporations
Fax Number : (950) 617-6383

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

2022 Dec 09 AM 10:32

FLORIDA/FOREIGN LP/LLLP
ST MARY TOWERS APARTMENTS, LLLP

Certificate of Status	1
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2022 NOV 29 AM 7:56

APPROVED AND FILED

DEC 09 2022
K. Brumblay



December 5, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN, LLP

SUBJECT: ST. MARY TOWERS, LLLP
REF: W22000148725

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.

The name of the entity is not available because another entity is already registered with that name or a similar name.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS
Regulatory Specialist II

FAX Aud. #: H22000403012
Letter Number: 322A0C026805

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

1. St. Mary Towers Apartments, 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 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 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.

[Handwritten Signature]

Signature of Registered Agent Gary J. Cohen, Vice President

6. 1100 NW 4th Avenue,

(Mailing address of initial designated office)

Delray Beach, FL 33444

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

8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
CHS St. Mary Towers, Inc.	4790 NORTH STATE ROAD 7
	LAUDERDALE LAKES, FL 33319

9. Effective date, if other than the date of filing: 12/07/2022

(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 12/07/2022 day of _____

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.

Orisudes Puller _____
OFFICE OF THE REGISTERED AGENT
 100 SOUTH ALFRED STREET
 TALLAHASSEE, FLORIDA 32310-1401
 TEL 904.996.3010 FAX 904.996.3014

Filing Fees: \$1,000.00 (S965 Filing Fee and 35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75