

A22000000698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

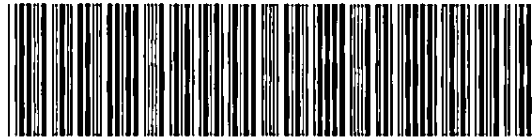
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 14 AM 11:39

TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2022 DEC 14 PM 4:45

TALLAHASSEE, FLORIDA

DEC 14 2022
K. Brumbley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **December 14, 2022**

Account#: I200000000088

Name: **KEN**

Reference #: **1860553**

Entity Name: **OSPREY AT ACRUVA COMMUNITIES, LLLP**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$1000.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osprey at ACRUVA Communities, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Cindy Moreno

Contact Person

c/o ACRUVA Capital Partners II, LLC

Firm/Company

806 S. Military Trail

Address

Deerfield Beach, FL 33442

City, State and Zip Code

entities@alliantcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Moreno

at (305) 709-3927

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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


1. Osprey at ACRUVA Communities, 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. 806 S. Military Trail
(Street address of initial designated office)
Deerfield Beach, FL 33442

3. Curtis Hamlin, Esq.
(Name of Registered Agent for Service of Process)

4. 1205 Manatee Avenue West
(Florida street address for Registered Agent)
Bradenton, FL 34205

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. 806 S. Military Trail
(Mailing address of initial designated office)
Deerfield Beach, FL 33442

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

APPROVED
AND
FILED
2022 DEC 14 PM 4:45
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

National Community Renaissance of Florida, Inc.

9421 Haven Avenue

Rancho Cucamonga, CA 91370

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 5th 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.

National Community Renaissance of Florida, Inc.

By: _____

Secretary and General Counsel

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75