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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BAYSIDE GARDENS REDEVELOPM	IENT, LLLP
Name of Florida Limited Partn	nership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnership	p and fees are submitted for filing.
Please return all correspondence concerning th	is matter to:
Deborah M. Edwards, Esq.	
Contact Person	
Edwards & Feanny, P.A.	
Firm/Company	
9580 Sw 107 Ave, Suite 204B	
Address	
Miami, Florida 33176	
City, State and Zip Code	<del> </del>
hrigby@tedcbuilds.com	<u> </u>
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter,	please call:
Deborah M. Edwardsat	(786 )236-2008
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Fee)  \$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy 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

CR2E030 (6/17)

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

(Florida street address for Registered Agent)  6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to competith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	BAYSIDE GARDENS REDEVELOPMENT, LLLP  1.  (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 Ltl.P.
(Street address of initial designated office)  Jane Dixon  (Name of Registered Agent for Service of Process)  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127  (Florida street address for Registered Agent)  5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compile the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  Signature of Registered Agent	2 5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127
(Name of Registered Agent for Service of Process)  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127  (Florida street address for Registered Agent)  6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compite the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	(Street address of initial designated office)
(Name of Registered Agent for Service of Process)  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127  (Florida street address for Registered Agent)  6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compite the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	3. Jane Dixon
(Florida street address for Registered Agent)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compete the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	(Name of Registered Agent for Service of Process)
(Florida street address for Registered Agent)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compete the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial with and accept the obligations of my position as registered agent.  Signature of Registered Agent  5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	(Florida street address for Registered Agent)
5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	
5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127	Mille
0	Signature of Registered Agent
(Mailing address of initial designated office)	5900 NW 7TH AVE, SUITE 102, MIAMI, FLORIDA 33127
	(Mailing address of initial designated office)

Page 1 of 2

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

Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
BAYSIDE GARDENS GP, LLC	
BAYSIDE GARDENS INTERESTS, LLC	
herein are true. I/We am/are aware the	We submit this document and affirm that the facts stated hat any false information submitted in a document to the fird degree felony as provided for in s.817 [155, F.S.
Signed this	_ day of
the Florida Department of State.) Note: If the date inserted in this block	ate of filing:
	FORT WALTON BEACH, FLORIDA 32548
BAYSIDE GARDENS GP, LLC	ST. PETERSBURG, FLORIDA 33702  27 ROBINWOOD DRIVE SW
BAYSIDE GARDENS INTERESTS, LLC	
	MIAMI, FLORIDA 33127
TEDC BAYSIDE GARDENS GP. LLC	5900 NW 7TH AVE, SUITE 102
8. Name and business address of ea Name:	ich general partner: Business Address:

Page 2 of 2