

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**A2300000020**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
NEW HOUSING PARTNERS VISTA, LP**

please file second after the  
filing for NLP-GF Vistas, LLC.  
Thank you!

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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JAN 12 2023  
K. Brumley

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW HOUSING PARTNERS VISTA, LP

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:

D. Scott Baker, Esquire

Contact Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City, State and Zip Code

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

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

at (407) 425-7010

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

CR2E030 (6/17)

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

1. NEW HOUSING PARTNERS VISTAS, LP

(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. 700 N. Denning Drive

(Street address of initial designated office)

Winter Park, FL 32789

3. Capitol Corporate Services, Inc.

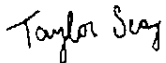
(Name of Registered Agent for Service of Process)

4. 515 E. Park Avenue, 2nd Floor

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.



Taylor Seay, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

Signature of Registered Agent

6. 700 N. Denning Drive

(Mailing address of initial designated office)

Winter Park, FL 32789

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

APPROVED  
AND  
FILED  
2023 JAN 11 PM 2:41

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

Name:Business Address:

NHP-GP Vistas, LLC

700 N. Denning Drive

Winter Park, FL 32789

## 9. Effective date, if other than the date of filing:

UPON 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<sup>th</sup> day of January, 2023

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.

NHP-GP Vistas, LLC, General Partner:

By: David S. McDaniel  
Its: Manager

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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