

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A2300000170

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To:

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

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: jmayberry@renocavanaugh.com

**FLORIDA/FOREIGN LP/LLP
ECG TOWN OAKS, LP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

APR 11 2023
K. Brumley

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

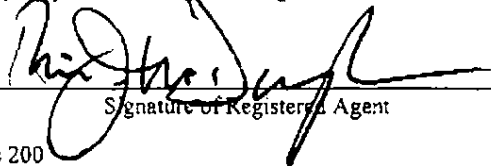
1. ECG Town Oaks, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 118 16th Avenue South, Suite 200
(Street address of initial designated office)
Nashville, Tennessee 37203

3. Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.
(Name of Registered Agent for Service of Process)

4. 150 West Flagler Street, Suite 2200
(Florida street address for Registered Agent)
Miami, Florida 33130

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. 118 16th Avenue South, Suite 200
(Mailing address of initial designated office)
Nashville, Tennessee 37203

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

8. Name and business address of each general partner:

Name:

Business Address:

ECG Town Oaks GP, LLC

118 16th Avenue South, Suite 200

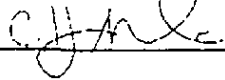
Nashville, Tennessee 37203

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 11th day of April, 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.



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
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