

A23000000202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

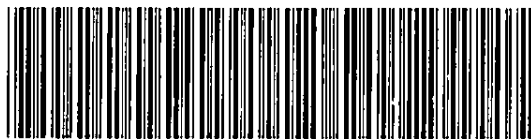
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-59456

Office Use Only



900405824309

2023 APR 25 AM 7:43

2023 APR 21 AM 11:51

APR 25 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2023

COGENCY GLOBAL

SUBJECT: ARBORS AT THE RIDGE, LLLP
Ref. Number: W23000059456

We have received your document for ARBORS AT THE RIDGE, LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and address must be listed on the documents.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 423A00009134

2023 APR 25 PM 4:15
DIVISION OF CORPORATIONS
FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 04/25/2023

Name: Greg Pintacuda

Reference #: 1967219

Entity Name: ARBORS AT THE RIDGE, LLLP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

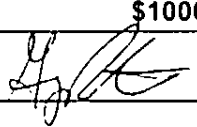
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$1000

Signature: 

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

1. Arbors at The Ridge, 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. 800 Fairway Drive, Ste. 291

(Street address of initial designated office)

Deerfield Beach, FL 33441

3. Cogency Global Inc.

(Name of Registered Agent for Service of Process)

4. 115 N Calhoun St., Ste 4, Tallahassee, FL 32301

(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 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.*



Patrick Kellner, Assistant Secretary

Signature of Registered Agent

6. 800 Fairway Drive, Suite 291

(Mailing address of initial designated office)

Deerfield Beach, FL 33441

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

2023 APR 25 AM 7:43

8. Name and business address of each general partner:

Name:

Business Address:

Neighborhood Renaissance, Inc.

510 24th Street., Ste A.

West Palm Beach, FL 33407

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.)

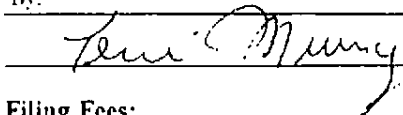
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 17th 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.

Neighborhood Renaissance, Inc.

By: Terri Murray, Executive Director



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75