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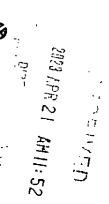
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W23-59445				

Office Use Only

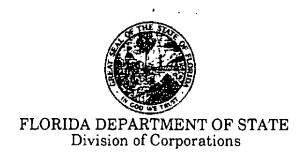


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2023 APR 25 MI 7: 48



F72.25 2023



April 24, 2023

COGENCY GLOBAL

SUBJECT: LAKEWOOD SENIOR HOUSING, LLLP

Ref. Number: W23000059445

We have received your document for LAKEWOOD SENIOR HOUSING, 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 name 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.

Letter Number: 323A00009133

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2003 APR 25 PH 4: 15



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/25/2023				
	Greg Pintacuda	_			
Reference	e #:1967219	_			
	me: LAKEWOOD SE	NIOR HOUSING, LLLP			
√ Ari	ticles of Incorporation/Authorization	to Transact Business			
 An	nendment				
☐ Change of Agent					
☐ Re	einstatement				
☐ Co	onversion				
<u></u> M∈	erger				
Dis	ssolution/Withdrawal				
Fic	ctitious Name				
Ot	her				
Authorize	ed Amount: \$1000				
Signature	HISTO				

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

Lakewood Senior Housing, LLLP		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must in Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limits suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
2. 800 Fairway Drive, Ste. 291		
(Street address of initial designated office	ce)	
Deerfield Beach, FL 33441		
3, Cogency Global Inc.		
(Name of Registered Agent for Service of Pr	rocess)	
115 N Calhoun St., Ste 4, Tallahassee, FL 32301		
4. (Florida street address for Registered Age	ent)	
	,	
 I hereby accept the appointment as registered agent and agree to act in the with the provisions of all statutes relative to the proper and complete perform with and accept the obligations of my position as registered agent. 	· · · · · ·	
PJKA Patrick Kellner, A	ssistant Secretary	
Signature of Registered Agent	202	
5. 800 Fairway Drive, Suite 291	interes.	
(Mailing address of initial designated offi	102: APR 2	
Deerfield Beach, FL 33441	25	
7. If limited partnership elects to be a limited liability limited pa	artnership, check box 📵.	,:.
Page 1 of 2	8 + +	

Meighborhood Renaissance, Inc.	510	Business Address: 510 24th Street., Ste A,		
Telgilberilosa Merialosarioe, mo.			· · · · · · · · · · · · · · · · · · ·	
	Wes	st Palm Beach, FL 33	3407	
			·-··-	
				
				
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			
9. Effective date, if other than the	e date of filing:			
(Effective date cannot be prior to		90 days after the d	ate the document is filed b	
<i>the Florida Department of State.)</i> Note: If the date inserted in this b		uggt the applicable	etatutare filing requireme	
his date will not be listed as the d	locument's effe	etive date on the D	epartment of State's recor	
Signed this 21th	day of	April	2023	
Signed this	day 0		 '	
Signature of each general partner:				
nerein are true. I/We am/are awar Department of State constitutes a				
	mind degree ie	iony as provided to	1 Ht 5.017.133, 1 .3.	
Neighborhood Renaissance, Inc.				
By: Terri Murray, Executive Director				
Thu Mu	1 4			
·				
Filing Fees:	•	\$965 Filing Fee and \$.	35 Registered Agent Fee)	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			

Page 2 of 2