

7/24/23, 4:29 PM

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
MHP Lee III, LTD

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 24 AM 10:01

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Electronic Filing Menu

Corporate Filing Menu

Help

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

1. MHP Lee III, LTD

(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. 777 Brickell Avenue, Suite 1300, Miami, FL 33131

(Street address of initial designated office)

3. Christopher L. Shear

(Name of Registered Agent for Service of Process)

4. 777 Brickell Avenue, Suite 1300, Miami, FL 33131

(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.*



Signature of Registered Agent

6. 777 Brickell Avenue, Suite 1300, Miami, FL 33131

(Mailing address of initial designated office)

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

SECRETARY OF STATE
TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

Douglas Gardens Senior Housing, Inc.

5200 NE 2nd Avenue, Miami FL 33137

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 20 day of July, 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.

Douglas Gardens Senior Housing, Inc. - General Partner

By: _____

[Signature]
Jeffrey V. Freimark, Director, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75