

A2300000450

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MAYNARD NEXSEN PC
Account Number : 120220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

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

Email Address: bmills@maynardnexsen.com

FLORIDA/FOREIGN LP/LLP

Bayside Landings, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bayside Landings, 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:

Brian A. Mills, Esq.

Contact Person

Maynard Nexsen PC Corporation

Firm/Company

200 East New England Avenue, Ste 300

Address

Winter Park, Florida 32789

City, State and Zip Code

bmills@maynardnexsen.com

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

For further information concerning this matter, please call:

Brian A. Mills, Esq.

Name of Contact Person

at (407) 647-2777

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
CR2E030 (6/17)

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

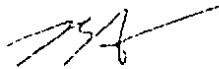
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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Bayside Landings, 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 L.L.P.
2. 921 North Pennsylvania Avenue, Winter Park, Florida 32790
(Street address of initial designated office)
3. Maynard Nexsen PC Corporation, Brian A. Mills, Esquire, for the Firm
(Name of Registered Agent for Service of Process)
4. 200 East New England Ave., Ste 300, Winter Park, Florida 32789
(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. P.O. Box 1748, Winter Park, Florida 32790
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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SECRETARY OF STATE
TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:Business Address:Condev Bayside II, LLC921 N. Pennsylvania Ave., Winter Park, FL 32790

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 23rd day of August, 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.

Christopher J. GardnerChristopher J. Gardner**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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