

A230000000486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

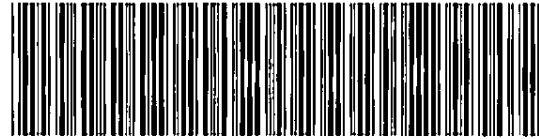
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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OFFICE OF THE  
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SUPREME COURT  
TALLAHASSEE, FLORIDA



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

Account#: 120000000088

Date: 09/08/2023

Name: Merritt

Reference #: 2116287

Entity Name: OLIVA VISTA APARTMENTS, LLLP

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$1,052.50

Signature: *mw*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oliva Vista Apartments, LLLP  
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:

Cindy Moreno

Contact Person

ACRUVA Community Developers

Firm/Company

800 Fairway Drive, Ste. 291

Address

Deerfield Beach, FL 33441

City, State and Zip Code

entities@walkerdunlop.com

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

For further information concerning this matter, please call:

Cindy Moreno

at ( 305 ) 709-3927

Name of Contact Person

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

**MAILING ADDRESS:**

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

CR2E030 (6/17)

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

1. Oliva Vista Apartments, 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. 510 24th St., Ste A

(Street address of initial designated office)

West Palm Beach, FL 33407

3. Cogency Global Inc.

(Name of Registered Agent for Service of Process)

4. 115 N. Calhoun St., Ste. 4

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.

PJ Kellner

Patrick Kellner, Assistant Secretary

Signature of Registered Agent

6. 510 24th St., Ste. A

(Mailing address of initial designated office)

West Palm Beach, FL 33407

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

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TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

Neighborhood Renaissance, Inc.

510 24th St., 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 31st 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.

Neighborhood Renaissance, Inc.

By: Teri Murray

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**