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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : COMPUTERSHARE
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Eilcenseutr@sulzbacherjax.org

**FLORIDA/FOREIGN LP/LLLP
Sulzbacher Enterprise Housing, Ltd.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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

1. Sulzbacher Enterprise Housing, 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. 611 East Adams Street
(Street address of initial designated office)
Jacksonville, FL 32202

3. I.M. Sulzbacher Center for the Homeless, Inc.
(Name of Registered Agent for Service of Process)

4. 611 East Adams Street
(Florida street address for Registered Agent)
Jacksonville, FL 32202

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. 611 East Adams Street
(Mailing address of initial designated office)
Jacksonville, FL 32202

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

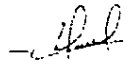
8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
Sulzbacher Enterprise Village GP, LLC	611 East Adams Street, Jacksonville, FL 32202
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 21st day of November, 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.



 Carlos M Alvarez, Special Manager,
 For: Sulzbacher Enterprise Village GP, LLC - General Partner

Filing Fees: \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75