

****FILE SECOND, AFTER**
H24000198173Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet****FILE SECOND, AFTER**
H24000198173

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000198175 3)))



H240001981753ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
GT HOMES WELLNESS WAY II, LP

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

****FILE SECOND, AFTER**
H24000198173****FILE SECOND, AFTER**
H24000198173

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN - 6 2024

MS

H24000198175

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

1. GT Homes Wellness Way II, 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.P. or LLP.

2. 5600 N. Federal Highway

(Street address of initial designated office)

Fort Lauderdale, FL 323013. Capitol Corporate Services, Inc.

(Name of Registered Agent for Service of Process)

4. 515 E. Park Avenue, 2nd Floor

(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.



Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Signature of Registered Agent

6. 5600 N. Federal Highway

(Mailing address of initial designated office)

Fort Lauderdale, FL 32301

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

FILED
2024 JUN -5 PM 1:50
TALLAHASSEE, FLORIDA

H24000198175

8. Name and business address of each general partner:

Name:Business Address:

GT Homes Wellness Way II GP, Inc.

5600 N. Federal Highway

Fort Lauderdale, FL 32301

FILED
JUN 5 PM 1:50
2024
FALLA COUNTY, FL
CLERK OF COURT

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 5th day of June, 2024

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.

GT Homes Wellness Way II GP, Inc., its General Partner

By: _____

Nicholas Fisel, 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

Page 2 of 2

H24000198175