

A24000000286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2024 JUN 12 PM 1:04

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2024 JUN 12 PM 4:01
ALLAHASSEE, FLORIDA
STATE

JUN 12 2024

K. Brumbley



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

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 06/12/2024

Name: Patrice Rush

Reference #: 2388354

Entity Name: RESIDENCES AT PINE PARK, LLLP

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Certificate of Limited Partnership Filing

Authorized Amount: \$1000.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Residences at Pine Park, 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
Firm/Company
800 Fairway Dr., Suite 291
Address
Deerfield Beach, FL 33441
City, State and Zip Code
entities@alliantcapital.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

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

1. Residences at Pine Park, 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. 800 Fairway Dr., Suite 291
(Street address of initial designated office)
Deerfield Beach, FL 33441

3. Cogency Global Inc.
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 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.*



Patrick Kellner, Assistant Secretary

Signature of Registered Agent

6. _____
(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Skyway Housing Foundation, Inc.

100 3rd Street, Suite 250

St Petersburg, FL 33701

ACRUVA Portfolio, LLC

800 Fairway Dr., Suite 291

Deerfield Beach, FL 33441

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 _____ day of _____, _____

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.

Stephen Morris, Director

Daniel F. Acosta, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75