

**REQUEST ORIGINAL FILING DATE 6-17-2024 !!!!!!!!!!!!!!!  
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SHAG GOULDS, LLC**

**A24000000308**

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

From: Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-9166  
Fax Number : (305) 347-7748

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

Email Address: [RCheng@shutts.com](mailto:RCheng@shutts.com)

**FLORIDA/FOREIGN LP/LLP  
GOULDS APARTMENTS, LLLP**

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JUN 19 2024

K. Brumble

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

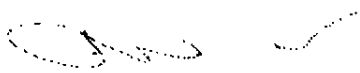
1. GOULDS APARTMENTS, LLLP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 1100 NW 4TH AVE  
(Street address of initial designated office)  
DELRAY BEACH, FL 33444

3. CORPORATION COMPANY OF MIAMI  
(Name of Registered Agent for Service of Process)

4. 200 S. BISCAYNE BLVD  
(Florida street address for Registered Agent)  
SUITE 4100 (RXC), Miami, Florida 33131

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    Alfred G. Smith, President

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6. 1100 NW 4TH AVE  
(Mailing address of initial designated office)  
DELRAY BEACH, FL 33444

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

