

REQUEST ORIGINAL FILING DATE 6-17-2024 !!!!!!!!!!!!!!!
PLEASE FILE TOGETHER WITH GP
SHAG GOULDS, LLC

A24100000308

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

FLORIDA/FOREIGN LP/LLP
GOULDS APARTMENTS, LLLP

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Estimated Charge	\$1,061.25

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2024 JUN 17 PM 12:15

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

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 ☒

2024 JUN 17 PM 12:13

8. Name and business address of each general partner:

Name:Business Address:

SHAG Goulds, LLC

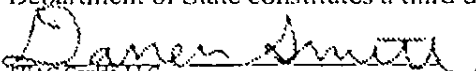
1100 NW 4TH AVE DELRAY BEACH, FL 33444

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 17 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.


 SHAG Goulds, LLC
 Name: Darren Smith
 Title: Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75