

A24000000338

(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:

W24-93342

Office Use Only



300429640533

2024 JUN 19 10:13:37

RECEIVED

2024 JUN 19 PM 3:40

SECRETARY OF STATE  
MAIL ASSISTANT  
CP

JUN 27 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**  
Please give original  
filing date as file date.

June 20, 2024

CSC

SUBJECT: CABANA CLUB SENIOR APARTMENTS, LTD.  
Ref. Number: W24000093342

We have received your document for CABANA CLUB SENIOR APARTMENTS, LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity listed as the General Partner must be listed exactly how it is listed in our records.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 624A00013425

**RECEIVED**  
2024 JUN 26 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 06/19/24  
Order #: 1540017-5  
Re: Cabana Club Senior Apartments, Ltd.  
Processing Method: Routine

A handwritten signature in cursive script, appearing to read "Shauna Godbolt", is written in black ink.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$1000.0 - FL State Account Number:

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

1. Cabana Club Senior Apartments, 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. 401 Wilshire Blvd, 11th Floor

(Street address of initial designated office)

Santa Monica, CA 90401

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(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.

Corporation Service Company

By:

Shauna Godbolt

6. 401 Wilshire Blvd, 11th Floor

(Mailing address of initial designated office)

Santa Monica, CA 90401

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

8. Name and business address of each general partner:

Name:

Business Address:

Fairview Housing Partners Ltd., Corp.

680 5th Avenue, 17th Floor

New York, NY 10017

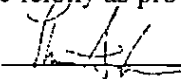
9. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

**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.

Thom Amdur, Executive Director



**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75 FIN-54986