Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kburgess@foxrothschild.com

FLORIDA/FOREIGN LP/LLLP

Landings at Live Oak, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,000.00

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

1. Landings at Live Oak, 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, LLLP, or LLLP*

2. 1101 S. DIXIE FREEWAY

(Street address of initial designated office)

NEW SMYRNA BEACH, FL 32168

3. Teresa L. Pope

(Name of Registered Agent for Service of Process)

4. 1101 S. DIXIE FREEWAY

(Florida street address for Registered Agent)

NEW SMYRNA BEACH, FL 32168

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

6. 1101 S. DIXIE FREEWAY

(Mailing address of initial designated office)

NEW SMYRNA BEACH, FL 32168

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:
NSBHDC Live Oak GP, LLC	1101 S DIXIE FREEWAY
	NEW SMYRNA BEACH, FL 32168

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 4th day of October, 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.

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