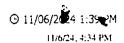


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Florida Department of State Division of Corporations

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Division of Corporations

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From:

Email Address:__

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

FLORIDA/FOREIGN LP/LLLP Carrfour Housing, LLLP

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Help

CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

Carrfour Housing, LLLP	
me of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited tnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership ixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
398 SW 1st Street, 12th Floor	
(Street address of initial designated office)	
Miami, FL 33135	
stephanie Berman	
(Name of Registered Agent for Service of Process)	
398 SW 1st Street, 12th Floor	
(Florida street address for Registered Agent)	
Miami, FL 33135	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to in the provisions of all statutes relative to the proper and complete performance of my duties, and I am fait and accept the obligations of my position as registered agent.	
/s/Stephanic Berman	2024 NOV -6
Signature of Registered Agent	S T
398 SW 1st Street, 12th Floor	6
(Mailing address of initial designated office)	
11 N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited nership suffixes: Limited Partnership, Limited, L.P., L.P., or L.U. Acceptable Limited Liability Limited Partnership xes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. [Street address of initial designated office] [Street address of initial designated office] [Street address of initial designated office] [Street address of registered Agent for Service of Process] [Street, 12th Floor] [Florida street address for Registered Agent] [Street address for Registered Agent]

Page 1 of 2

8. Name and business address of ean	_	Business Address:			
C4 Housing, LLC	1	398 SW 1st Street, 12th Flo	oor		
		Miami, FL 33135			
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	_	200000.			
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 Effective date, if other than the confective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this bloth bloth date will not be listed as the do 	or more the	an 90 days after the da ot meet the applicable s	statutory filing requiren	nents,	
Signed this5th	day of_	November	. 2024		
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the /s/Stephanic Berman	that any fa	lse information submit	ted in a document to the		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	00 (\$965 Filing Fee and \$3:	5 Registered Agent Fee)		