

Florida Department of State

Division of Corporations

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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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.**

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FLORIDA/FOREIGN LP/LLP

Notre Communaute Apartments, LLLP

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
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| Page Count | 03 |
| Estimated Charge | \$1,061.25 |

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

1. Notre Communauté 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. 1398 SW 1st Street, 12th Floor

(Street address of initial designated office)

Miami, FL 33135

3. Stephanie Berman

(Name of Registered Agent for Service of Process)

4. 1398 SW 1st Street, 12th Floor

(Florida street address for Registered Agent)

Miami, FL 33135

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.

/s/Stephanie Berman

Signature of Registered Agent

6. 1398 SW 1st Street, 12th Floor

(Mailing address of initial designated office)

Miami, FL 33135

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC -3 AM 11:49

FILED

8. Name and business address of each general partner:

Name:

Business Address:

Carrfour Supportive Housing, Inc.

1398 SW 1st Street, 12th Floor

Miami, FL 33135

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 3rd day of December, 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.

/s/ Stephanie Berman.

President of Carrfour Supportive Housing, Inc.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75