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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: compliance@vitus.com

FLORIDA/FOREIGN LP/LLLP
Mount Olive Housing Partners, LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$1,052.50

2024 DEC -5 PM 3:28

Requesting filing date of 12/3/24, same as the LLC GP as this was delay from that filing.

Electronic Filing Menu Corporate Filing Menu Help

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

1. Mount Olive Housing Partners, 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, L.L.L.P. or LLLP.*

2. 2607 2nd Avenue, Suite 300

(Street address of initial designated office)

Seattle, WA 98121

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation FL 33324

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.*

Devin Randolph, Assistant Secretary

Signature of Registered Agent

6. 2607 2nd Avenue, Suite 300

(Mailing address of initial designated office)

Seattle, WA 98121

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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:
Mount Olive Housing Management, LLC	2607 2nd Avenue, Suite 300 Seattle, WA 98121

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 20th day of November 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.

Mount Olive Housing Management, LLC,
By: Vitus Development III, LLC,
its Sole Member and Manager

By: _____
Stephen R. Whyte, President

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