

\*\*FILE SECOND, AFTER  
H24000401523

Florida Department of State

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**A24000000622**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLP  
HELM'S BAY LANDING WORKFORCE, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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STATE OF FLORIDA  
TALLAHASSEE, FL

H24000401523

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Helm's Bay Landing Workforce, Ltd.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jennie Lagmay

Contact Person

Wendover Housing Partners, LLC

Firm/Company

1105 Kensington Park Drive, Suite 200

Address

Altamonte Springs, FL 32714

City, State and Zip Code

JLagmay@wendovergroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennie Lagmay

at (407) 333-3233 ext. 210

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☐ \$1,008.75 Filing Fees  
and Certificate of  
Status

☐ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (6/17)

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

1. Helm's Bay Landing Workforce, 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. 1105 Kensington Park Drive, Suite 200  
(Street address of initial designated office)  
Altamonte Springs, Florida 32714

3. Rebecca Rhoden  
(Name of Registered Agent for Service of Process)

4. 215 E. Eola Drive  
(Florida street address for Registered Agent)  
Orlando, Florida 32801

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. 1105 Kensington Park Drive, Suite 200  
(Mailing address of initial designated office)  
Altamonte Springs, FL 32714

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:

Helm's Bay Landing Workforce GP, LLC

1105 Kensington Park Drive, Suite 200

Altamonte Springs, Florida 32714


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 \_\_\_\_\_ 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.



By: Jonathan L. Wolf, Manager of the General Partner

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

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