

A 9800000 1797

Requestor's Name
115 SOUTH VAUGHN STREET
Address
Tallahassee, Florida 32301
City/State/Zip Phone #
224-7000

Office Use Only
98 JUL 29 AM 11:30
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SECRETARY OF STATE
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Liberty Housing Assoc. Ltd. (New)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Walk-in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☒ Certificate of Steps

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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07/29/98-01050-008
*****280.00 *****140.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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7/24/98

Examiner's Initials

**CERTIFICATE
OF LIMITED PARTNERSHIP
OF
LIBERTY HOUSING ASSOCIATES, LTD.**

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

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1. NAME.

The name of the Limited Partnership is:

LIBERTY HOUSING ASSOCIATES, LTD.

2. REGISTERED AGENT.

The name and address of the Registered Agent for the Limited Partnership is:

Lynn C. Washington
Holland & Knight LLP
701 Brickell Avenue, Suite 3000
Miami, Florida 33131

3. GENERAL PARTNER.

The name and business address of the general partner is:

Jubilee/Liberty, Inc.
2828 Coral Way, Suite 303
Miami, Florida 33145

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4. MAILING ADDRESS.

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

2828 Coral Way, Suite 303
Miami, Florida 33145

5. **DISSOLUTION DATE.**

The latest date upon which the Limited Partnership is to dissolve is December 31, 2048.

IN WITNESS WHEREOF, the General Partner has executed this Certificate of Limited partnership this 28th day of July, 1998.

JUBILEE/LIBERTY, INC., a Florida
corporation

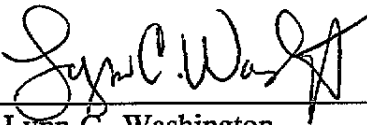
By: Francis V. Gudorf
Francis V. Gudorf, President
Vice

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ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for **LIBERTY HOUSING ASSOCIATES, LTD.**, a Florida limited partnership, and accepts all obligations imposed on it as such under Florida law.

Executed this 28th day of July, 1998.

By: 
Lynn C. Washington

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AFFIDAVIT

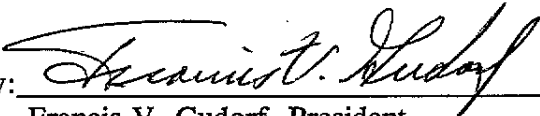
STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

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The undersigned as general partner of **LIBERTY HOUSING ASSOCIATES, LTD.**, a Florida limited partnership ("Limited Partnership"), declares as follows:

The total of capital contributions of the limited partners of the Limited Partnership through this date is \$1.00 and the anticipated future capital contributions of the limited partners to the Limited Partnership is \$100.

JUBILEE/LIBERTY, INC., a Florida
corporation


By: 
Francis V. Gudorf, President
Vice

STATE OF FLORIDA)


COUNTY OF MIAMI-DADE)

) ss:

The foregoing instrument ^{Vice} was acknowledged before me this 28th day of July, 1998 by Francis V. Gudorf as President of **JUBILEE/LIBERTY, INC.**, a Florida corporation, on behalf of the corporation. He is personally known to me, ~~OR has produced~~ as identification.


Name: Doug Mayer
Commission No.: _____
Notary Public
State of Florida at Large

My commission expires:

 Douglas R Mayer
My Commission CC664996
Expires July 20, 2001

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