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

From:

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Account Number: FCA000000023
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FLORIDA/FOREIGN LP/LLLP Jamestown Village Commons, L.P.

Certificate of Status	1
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Estimated Charge	\$1,061.25

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: JAMESTOWN Village Commons, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Wendy Chamb	ers			
	Contact Person			
JAMESTOWN				
	Firm/Company			
3625 Cumberla	ind Blvd., 12th F	loor		
	Address			
Atlanta, GA 303	339			
Çi	ly, State and Zip Code			
wendy.chambers	@jamestownLP.c	com		
	sed for future annual repor			
For further information or	oncorning this matter, pleas	se call:		
Wendy Chamb		nt (770	,805	-1017
Name of Contac	t Person		le and Dayti	me Telephone Number
Enclosed is a check for th	e following antount:			
El \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	(1)\$1,008.75 Filing Fees and Certificate of Status	and Certified Copy Certified		X\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section		MAILING A		
Division of Corporations		Division of C		
Clifton Building		P. O. Box 632		
2661 Executive Center Ci Tallahassee, FL 32301	rcle	Tallahassee, I	FL 32314	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

. JAMESTOWN Village Comm			_		
Acceptable Limited Partnership suffixes: Li	inited Partnership, Limi	lied Partnership, which must include suffix) ited, L.P., LP, or Lid. Liability Limited Partnership, L.L.P. or LLLP.			
If name unavailable, name under which the	limited partnership or l siness in Florida; must o	imited liability limited partnership proposes to recontain acceptable suffix.	gister to trans	iact	
2 Delaware		_{3.} July 7, 2014			
State or Country of Form	nation	Date of Formation			
4, Federal Employer Identification Numb	er: applied for				
5. Name of Registered Agent for Service of	f Process and Florida	Street Address:			
CT Corporation System					
1200 South Pine Island Ro	ad				
Plantation, FL 33324					
6. I hereby accept the appointment as registed of all statutes relative to the proper and composition as registered agent.	omplete performance of	act in this capacity. I further agree to comply with my duties, and I am familiar with and accept the Ternell Kearnev Asst. Secretary	ith the provise robligations o	ions V	
	Signature of Re	gistered Agent			
7. Principal Office: 3625 Cumberland Blvd, 12th	8. Mailing Address: 2th Floor c/o JAMESTOWN				
Atlanta, GA 30339 362		25 Cumberland Blvd., 12th Floor			
		anta, GA 30339			
9. If limited partnership is a limited liabili	ity limited partnership	, check box .			
 Name, principal office address, and m Name of General Portner; JT Village C 	commons GP, L.P.	BIGOOXXXIIIO Name of General Partner:			
Street Address: 3625 Cumberland	d Blvd. 12th Floor	Strom Address:			
Atlanta, GA 30		The state of the s		_0	
Mailing Address.		Maille - Address	<u>~</u>	SE(
Mailing Address:		Multing Address:		-2 2	
Name of Course Dr. A					
Name of General Partner:		Name of General Pariner:			
Street Address:		Street Address:	- 6		
				<u> 22</u>	
Mailing Address:		Mailing Address:	ယ	ONS L	

Name of Gene	ral Partner:	Page 1 of 2 Name of General	Partner:
Street Address		Street Address: _	
Mailing Addre	ss;	Mailing Address:	
11. Effective date,	If other than the date of filing: not be prior to nor more than 90 days after	the date this document is	filed by the Florida Department of State.)
			to the delivery of this application to the f the entity's records in the jurisdiction under
Signed this 7th	day of July	,20 14	<u>_</u> .
Matt Br The individual sign submitted in a door	ing this document affirm that the facts state ment to the Department of State constitutes	re of a general partner of James and the d herein are true and the a third degree felony as	individual is aware that false information provided for in s.817.155, F.S.
C	Certified Copy (optional):	\$1,000.00 (\$965 Filing F \$52.50 \$8.75	ee and \$35 Registered Agent Fee)
		Page 2 of 2	
CZ.	The general par commons 6P, L.	the of	JT Village
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SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUL -7 AH 10: 42

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JAMESTOWN VILLAGE COMMONS, L.P." IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5563887 8300

140922207

You may verify this certificate online at corp.dolaware.gov/authver.shtml jeffrey W. Bullock, Secretary of State

)

DATE: 07-07-14