

B1900000924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

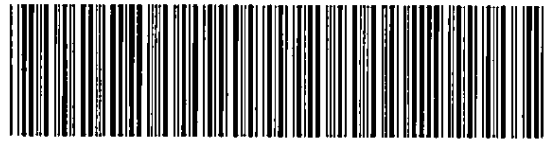
(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 MAY 20 PM 1:43

RECEIVED

D SCOTT

MAY 21 2019

FILE 2ND

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 773212 4321791
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1000.00

ORDER DATE : May 20, 2019
ORDER TIME : 9:07 AM
ORDER NO. : 773212-005
CUSTOMER NO: 4321791

2019 MAY 20 AM 11:53

FOREIGN FILINGS

NAME: HIDDEN GROVE HOUSING, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hidden Grove Housing, 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:

Contact Person

Related Companies

Firm/Company

60 Columbus Circle, 19th Floor

Address

New York, NY 10023

City, State and Zip Code

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

For further information concerning this matter, please call:

Legal Department _____ at (212) 421-5333
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 Fee, 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

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

1. Hidden Grove Housing, L.P.

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. New York

State or Country of Formation

3. 02/22/2019

Date of Formation

4. Federal Employer Identification Number 83-3856968

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. 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.

By: 

Signature of Registered Agent

Lydia Cohen

Asst. Vice President

7. Principal Office:

60 Columbus Circle, 19th Floor

New York, NY 10023

8. Mailing Address:

60 Columbus Circle, 19th Floor

New York, NY 10023

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Hidden Grove Housing GP, LLC

Name of General Partner: _____

Street Address: 60 Columbus Circle, 19th Floor

Street Address: _____

New York, NY 10023

Mailing Address: 60 Columbus Circle, 19th Floor

Mailing Address: _____

New York, NY 10023

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17th day of May, 2019

By: Hidden Grove Housing GP, LLC, General Partner
By: Jennifer McCool, Secretary



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

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

2019 MAY 17 11:53

State of New York
Department of State } **ss:**

I hereby certify, that HIDDEN GROVE HOUSING, L.P. a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 02/22/2019, and that the Limited Partnership is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 17th day of May
two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State

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2019 MAY 20