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Florida Department of State
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From: Account Name : BAKER & MCKENZIE
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FLORIDA/FOREIGN LP/LLP
24th Avenue Vacation Villas Ltd.

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

1. 24th Avenue Vacation Villas 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. 4622 SW 24th Ave., Cape Coral, Florida, 33914

(Street address of initial designated office)

3. NRAI Services, Inc.

(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.*

Kati Wunsch, Asst. Sec.
Signature of Registered Agent

6. PO Box 7289, Postal Station A, Saint John, NB, Canada E2L 4S6

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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