

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

FLORIDA/FOREIGN LP/LLP
LOCHABER 2, LTD.

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TALLAHASSEE, FLORIDA
REGISTRATION STATE

MAR 06 2015

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S. YOUNG
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CERTIFICATE OF LIMITED PARTNERSHIP

- 1. LOCHABER 2, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. 300 South Orange Avenue, Suite 1000 (JGH), Orlando, FL 32801
(Street address of initial designated office)
- 3. Corporation Company of Orlando
(Name of Registered Agent for Service of Process)
- 4. 300 South Orange Avenue, Suite 1000 (JGH), Orlando, Florida 32801
(Florida street address for Registered Agent)
- 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.*

CORPORATION COMPANY OF ORLANDO

J. Gregory Humphries
 J. Gregory Humphries, Vice President
 (Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

- 6. 300 South Orange Avenue, Suite 1000 (JGH), Orlando, Florida 32801
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

<p><u>Name:</u> Lochaber Wolfe, Inc.</p>	<p><u>Business Address:</u> 300 South Orange Avenue Suite 1000 (JGH) Orlando, FL 32801 P15000020961</p>
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

9. Effective date shall be the date of filing.

Signed this 5th day of March, 2015.

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.

Lochaber Wolfe, Inc., sole general partner

By: Melbourne Vull
 Name: Melbourne Vull
 Title: President

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