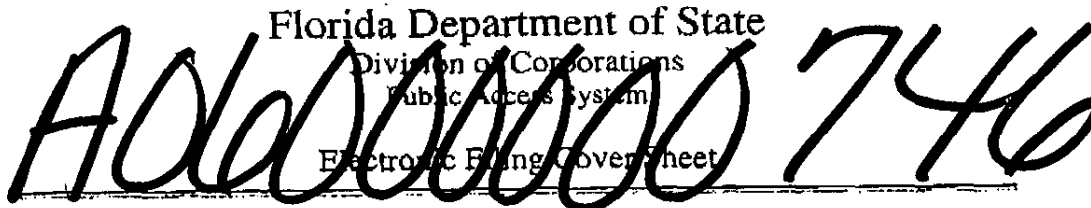


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

2006 JUN -6 AM 10:10

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DIVISION OF CORPORATIONSRECEIVED
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DIVISION OF CORPORATION**FLORIDA/FOREIGN LP/LLP****FRONTIER FT. MYERS LLLP**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Frontier Ft. Myers LLLP

(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. 2627 NE 203rd Street, Suite 216, Miami, Florida 33180
(Street address of initial designated office)

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, Florida 32301
(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.*


Signature of Registered Agent

6. 2627 NE 203rd Street, Suite 216, Miami, Florida 33180
(Mailing address of initial designated office)

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

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DIVISION OF CORPORATIONS
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8. Name and business address of each general partner:

Name:

Business Address:

Frontier GP LLC

2627 NE 203rd Street

M05-2085

Suite 216

Miami, Florida 33180

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 6th day of June, 2006

Signature of each general partner:

Frontier GP LLC

By:

Eric Gordon, Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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