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CS UPSTATE GP, LLLP

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

1. CS UPSTATE GP, 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. 319 N. Magnolia Avenue, Orlando, FL 32801
(Street address of initial designated office)
3. 319 N. Magnolia Avenue, Orlando, FL 32801
(Mailing address of initial designated office)
4. Thomas F. Lang
(Name of Registered Agent for Service of Process)
5. 319 N. Magnolia Avenue, Orlando, FL 32801
(Florida street address for Registered Agent)
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.


Thomas F. Lang, Registered Agent

7. If limited partnership elects to be a limited liability partnership, check box ☒ or ☐
8. Name and business address of each general partner:

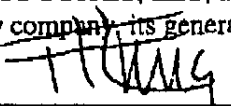
<u>Name</u>	<u>Business Address</u>	<u>FL Doc #, if entity</u>
CAMPUS SUITES, LLC	319 Magnolia Avenue Orlando, Florida 32801	L05000059738

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 8th day of January, 2007.

CS UPSTATE GP, LLLP

By: CAMPUS SUITES, LLC, a Florida limited liability company, its general partner

By: 
Thomas F. Lang, Manager

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