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Division of Corporations
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FLORIDA/FOREIGN LP/LLP
HOLDINGS
CAMPUS SUITES, LLLP

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January 11, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUFFIELD LOWMAN

SUBJECT: CAMPUS SUITES, LLLP
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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. CAMPUS SUITES HOLDINGS, 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, 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:

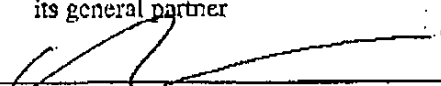
<u>Name</u>	<u>Business Address</u>	<u>FL Doc #, if entity</u>
WILKET HOLDINGS, INC.	319 N. Magnolia Avenue Orlando, FL 32801	P06000141614

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.

CAMPUS SUITES HOLDINGS, LLLP

By: WILKET HOLDINGS, INC., a Florida corporation
its general partner

By: 
Henry Morton, President

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