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

From:

Account Name : SHUFFIELD LOWMAN Account Number : 120030000118

Fax Number

: (407)581-9800 : (407)581-9801

FLORIDA/FOREIGN LP/LLP

CAMPUS SUITES INVESTMENTS, LLLP

| Certificate of Status | 0 |
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(((HQZQCC230729 3)))

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

| 1. | CAMPUS SUTTES INVESTMENT (Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh | lity Limited Partnership, which must inc ted Partnership, Limited, L.P., LP, or Lt | d. |
|-------------------------|--|---|--|
| 2. | 1142 Kelton Avenue, Ococe, FL 34 (Street address of initial designated office) | 4761 | |
| 3. | 1142 Kelton Avenue, Ocoee, FL 34 (Mailing address of initial designated office) | 4761 | |
| 4. | Thomas F. Lang (Name of Registered Agent for Service of Proce | :55) | * |
| 5. | 1142 Kelton Avenue, Ococe, FL 34 (Florida street address for Registered Agent) | 4761 | |
| 6. to com I am fa | I hereby accept the appointment as regi- ply with the provisions of all statutes rela- smiliar with and accept the obligations of Thomas F. Lang, Registered | tive to the proper and complete pe f my position as registered agent. | rformance of my duttes, and OFFER AHASSSET |
| 7. | If limited partnership elects to be a limited liability partnership, check box Elor Do Solo Solo Solo Solo Solo Solo Solo S | | |
| 8. | Name and business address of each general partner: | | |
| | Name | Business Address | FL Doc #, if entity |
| | CAMPUS SUITES, LLC. | 1142 Kelton Avenue Ococe, FL 34761 | 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 31st day of January, 2 | :007. | |
| CAMI | PUS SUITES INVESTMENTS, LLL | P | |
| Ву: | CAMPUS SUITES, LLC, a Florida | limited liability company | |
| Ву: | Thomas F. Lang, Manager | | |