

H07 000000575

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H07000092546 3)))



H070000925463ABCO

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 APR -9 AM 9:48

FILED

RECEIVED

07 APR -9 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

FLORIDA/FOREIGN LP/LLP

FA
CS LAYETTE GP, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

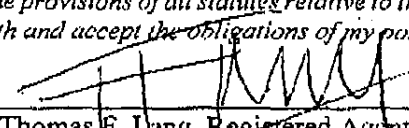
Help

H07-575
AR

((H07000092546 3)))

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

1. CS LAFAYETTE GP, L.L.P.
(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.P. or LLLP.
2. 1142 Kelton Avenue, Ocoee, Orlando, FL 34761
(Street address of initial designated office)
3. 1142 Kelton Avenue, Ocoee, Orlando, FL 34761
(Mailing address of initial designated office)
4. Thomas F. Lang
(Name of Registered Agent for Service of Process)
5. 1142 Kelton Avenue, Ocoee, Orlando, FL 34761
(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:

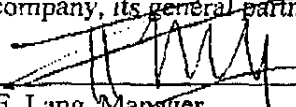
<u>Name</u>	<u>Business Address</u>	<u>FL Doc #, if entity</u>
CAMPUS SUITES, LLC	1142 Kelton Avenue Ocoee, Orlando, FL 34761	LO5000059738

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 9th day of April, 2007.

CS LAFAYETTE GP, L.L.P.

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

By: 
Thomas F. Lang, Manager

((H07000092546 3)))