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.

(((H070001497423)))



H070001497423ABC1

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 : AKERMAN SENTERFITT (ORLANDO)

Account Number: 076656002425

076656003436

Phone
Fax Number

: (407)423-4000 : (407)843-6610

FLORIDA/FOREIGN LP/LLP

VP 3750, LTD.

RECEIVED

7 JUN - 5 PH I2: 32
SECHETARY OF STATE
ALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

007 JUN -5 AM 8: SECRETARY OF STA ALLAHASSEE.FLOF

Electronic Filing Menu

Corporate Filing Menu

Help

Heip

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which must inc Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partne or LLLP.	
2 1701 PARK CENTER DRIVE, ORLANDO,	
(Street address of initial designated office)	
FLORIDA 32835	
AMERICAN INFORMATION SERVICES, INC.	•
(Name of Registered Agent for Service of Process)	······································
4. 420 SOUTH ORANGE AVENUE, SUITE 1200	
(Florida street address for Registered Agent)	
ORLANDO, FL 32801	•

6.1701 PARK CENTER DRIVE, ORLANDO,

(Mailing address of initial designated office)

FLORIDA 32835

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

Page 1 of 2

			<u> </u>	usiness Address:				
VP 3750,	LLC		<u>17</u>	701 PARK CE	NTER DR	IVE, ORLA	NDO,	
			<u>F</u>	LORIDA 32	2835			
	v-							
			: –	g tillion – pro	, , , , , , , , , , , , , , , , , , ,			
	······································			, , , , , , , , , , , , , , , , , , , ,				
	- ,						•	
		٠.	·.—	-		<u></u>		
		· ·· ·		· · ·	* * * * * * * * * * * * * * * * * * * *	·	•	
*	. 1	1	<u> </u>		·			
*.			`. <u></u>					
	; if other than the e cannot be pri			n 90 days after the	e date the doc	tument is		
	orida Departn		ite.)		2007			
signed this								
_	ach general pa	ırmer:		/				
_		ımer:	V <u>P</u>	3750/LLC, a	Florida li	mited liab	ility c	ompái
_		irmer:	V <u>P</u> B <u>y</u>	1 Mari Ja	PSY		ility c	ompái
Signature of e	ach general pa		B <u>y</u> 	: Griff	couz, Manag	d Agent Fee S	~	ompái
Signature of e	ach general pa		B <u>y</u> 	Kevin H. Azz	couz, Manag	d Agent Fee)		ompåi
Filing Fees: Certified Cop	ach general pa			Kevin H. Azz	couz, Manag	SECRETARY OF THE LAHASSEE, F	2007 JUN -5 AM	Exces Care
Signature of e	ach general pa			Kevin H. Azz	couz, Manag	SECRETARY O	2007 JUN -5 AM	Exces Care