

JUN-22-07 4:55PM FROM-AKERMAN SENTERFITT 16... +407 843 1860... 2.001/03...
A07000000819

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.

(((H07000164866 3)))



H070001648663ABC5

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
Phone : (407) 423-4000
Fax Number : (407) 843-6610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 25 AM 9:48

FLORIDA/FOREIGN LP/LLP

VP 4750, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

RECEIVED
07 JUN 25 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H07000164866 3

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

1. VP 4750, LTD.

(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. 1701 PARK CENTER DRIVE, ORLANDO,

(Street address of initial designated office)

FLORIDA 32835

3. 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

5. *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.*

Rebecca L. Matz Asst. Secretary
Signature of Registered Agent

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 ☐

07 JUN 25 AM 9:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H07000164866 3

H07000164866 3

8. Name and business address of each general partner:

Name:

Business Address:

VP 4750, LLC

1701 PARK CENTER DRIVE, ORLANDO,
FLORIDA 32835

LOT-62961

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 _____ day of JUNE, 2007

Signature of each general partner:

VP 4750, LLC, a Florida limited liability company

By: _____

Kevin H. Azzouz, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2

H07000164866 3