

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

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**FLORIDA/FOREIGN LP/LLP**

**SHINGLE CREEK PASTURES LIMITED PARTNERSHIP**

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

1. Shingle Creek Pastures Limited Partnership

*(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. 21 East Long Lake Road, Suite 100

*(Street address of initial designated office)*

Bloomfield Hills, MI 48304

3. Corporation Service Company

*(Name of Registered Agent for Service of Process)*

4. 1201 Hays Street

*(Florida street address for Registered Agent)*

Tallahassee, FL 32301

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.*



Sue G. Knight  
as its agent

Signature of Registered Agent

6. 21 East Long Lake Road, Suite 100

*(Mailing address of initial designated office)*

Bloomfield Hills, MI 48304

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

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