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Division of Corporations
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Account Name : SHUFFIELD LOWMAN
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FLORIDA/FOREIGN LP/LLP

ULTIMATE STUDENT LIVING, LLLP

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CERTIFICATE OF
LIMITED LIABILITY LIMITED PARTNERSHIP

1. ULTIMATE STUDENT LIVING, LLLP
(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

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2. 1142 Kelton Avenue, Ocoee, FL 34761
(Street address of initial designated office)

3. 1142 Kelton Avenue, Ocoee, 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, 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.*

(Signature of 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:

Name	Business Address	FL Doc #, if entity
Campus Suites, LLC	1142 Kelton Avenue Ocoee, 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 11th day of December, 2007.

Campus Suites, LLC, General Partner

By: _____
Thomas F. Lang, Manager