A 08000000393

(Requestor's Name)
(Address) P-27,5
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000119094390

03/27/08--01035--007 **1000.00

03/27/08--01035--008 **25.00

04/01/08--01019--024 **27.50



B. KOHR APR - 1 2008 EXAMINER





1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

March 27, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301



Re: Ord

Order #: 7191185 SO

Customer Reference 1:

None Given

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

VISTA SUN, LLC (FL) Conversion Florida

VISTA SUN, INC. (FL) Incorporation Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.





CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 1, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7191185 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

VISTA SUN, LLC (FL) Conversion Florida

SUN BUENA VISTA, LLC (FL) Conversion Florida

SUN BUENA VISTA, L.P. (FL) Formation Florida

VISTA SUN, INC. (FL) Incorporation Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

OF THE STATE OF TH



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

Sincerely,

Christina McNeair Cl. Operations Specialist Christina,McNeair@wolterskluwer.com TARCE PROPERTY.



FLORIDA DEPARTMENT OF STATE Division of Corporations

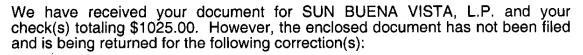
March 28, 2008

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SUN BUENA VISTA, L.P.

Ref. Number: W08000016014



Please note that we have RETAINED your \$1,025.00 payment.

The wrong conversion certificate has been used.

To convert an entity into a Florida limited partnership, you must use the OTHER BUSINESS ENTITY INTO FLORIDA LIMITED PARTNERSHIP form.

Also, the TOTAL AMOUNT required to file the conversion and the certificate of limited partnership is \$1,052.50.

Please return your corrected filing with an ADDITIONAL \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 308A00018449

Need to Send State

ASCARRAL AND SESSION OF THE SESSION

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

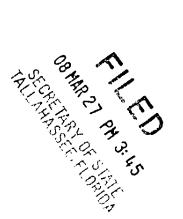
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
SUN BUENA VISTA, L.P.	
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:	
on MARCH 7, 2008 (Enter date "Other Business Entity" was first organized, formed or incorporated)	
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)	
(Enter Name of Other Business Entity)	
SUN BUENA VISTA, LLC UJ UUU 27	831
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:	رجا

Page 1 of 2

4. The conversion was approved as required by Chapter such a manner that complied with the converting organizes.5. If not effective on the date of filing, enter the effective	zation	's governing law.
(The effective date: 1) cannot be prior to nor more the document is filed by the Florida Department of State the effective date listed in the attached Certificate of effective date is listed therein.)	ian 90 ; <u>ANI</u>	days after the date this 2) must be the same as
Signed thisday of	2	.0 ⁰⁸ .
VISTA SUNINC a Florida corporation By:		·
Fees:		
Certificate of Conversion:	S	52.50
Fees for Florida Certificate of Limited Partnershi (\$965 Filing Fee and \$35 Filing Fee)	p: \$1	,000.00
Certified Copy:	\$	52.50 (Optional)
Certificate of Status:	S	8.75 (Optional)

Page 2 of 2

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



SUN BUENA VISTA, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) cceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. cceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P LLLP.
c/o Amin S. Visram, Vista Hospitality Co. Canada Inc., 73 KING STREET. WEST, 2ND FLOOR
(Street address of initial designated office)
ITCHENER, ON NG21A7
C T Corporation System
(Name of Registered Agent for Service of Process)
1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to amply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. CT Corporation System By: Signature of Registered Agent
c/o Amin S. Visram, Vista Hospitality Co. Canada Inc., 73 KING STREET. WEST, 2ND FLOOR
(Mailing address of initial designated office)
ITCHENER, ON NG21A7
If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

8. Name and business address of each general partner: Name: Business Address: VISTA SUN, INC. c/o Amin S. Visram, Vista Hospitality Co. Canada Inc 60400003. 73 KING STREET. WEST, 2ND FLOOR KITCHENER, ON NG21A7 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.) _____day of MARCH Signed this_ 2008 Signature of each general partner: Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52,50 Certificate of Status (optional): \$8.75

Page 2 of 2