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.

(((H08000184602 3)))



H080001846023ABC\$

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)617-6383

From:

Account Name : POHL + SHORT, P.A.

Account Number : I2000000182 Phone : (407)647-7645

Fax Number : (407)647-7043

OB JUL 30 PM 4: 55

FLORIDA/FOREIGN LP/LLLP

TDC Holiday Limited Partnership

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

Electronic Filing Menu

Corporate Filing MenuB. KOHRHelp

JUL 3 0 2008



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



1.	TDC	Holiday	Limited	Partner	ship
_					

(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.

	(Street address of initial designated office)
	Maitland, FL 32751
3.	Marc Hagle
	(Name of Registered Agent for Service of Process)
4.	100 East Sybelia Avenue, Suite 120
	(Florida street address for Registered Agent)
	Maitland, FL 32751
5,	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
co	mply with the provisions of all statutes relative to the proper and complete performance of my duties, d I am familiar with and accept the obligations of my position as registered agent.
co	mply with the provisions of all statutes relative to the proper and complete performance of my duties,
co	mply with the provisions of all statutes relative to the proper and complete performance of my duties,
co an	mply 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.
co an	mply 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

Page 1 of 2

8. Name and business address of each ge Name:	neral partner: Business Address:
TDC HOL DEVCO, INC.	100 East Sybelia Avenue, Suite 120
Document No.:	Maitland, FL 32751
P86444117159	
	· · · · · · · · · · · · · · · · · · ·
·	
9. Effective date, if other than the date of filing:	e than 90 days after the date the document is
Signed this 30th day of May	July ,2008
Signature of each general partner: TDC HOL DEVCO, INC.	,
Ву: СБО	
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75	

Page 2 of 2