

A08000000719Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383RE-FAXED WITH CORRECTION
TO REGISTERED AGENT

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

FLORIDA/FOREIGN LP/LLP

US Sunbelt II, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

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08 AUG - 1 PM 12:27

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August 1, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations
DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTE, P.

SUBJECT: US SUNBELT II, LTD.
REF: W08000036196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the name of the registered agent as it is filed with this office. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000183838
Letter Number: 308A00044151

P.O BOX 6327 - Tallahassee, Florida 32314

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP1. US Sunbelt II, 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 L.L.P.

2. 200 S. ORANGE AVE., SUITE 2025
(Street address of initial designated office)ORLANDO, FL 328013. Urban Thier Federer & Jackson, P.A.
(Name of Registered Agent for Service of Process)4. 200 S. ORANGE AVE., SUITE 2025
(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.



Signature of Registered Agent6. 200 S. ORANGE AVE., SUITE 2025
(Mailing address of initial designated office)ORLANDO, FL 328017. If limited partnership elects to be a limited liability limited partnership, check box ☐FILED
08 AUG -1 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000183838 3)))

8. Name and business address of each general partner:

Name:

Business Address:

US Sunbelt Management, Inc. 200 S. ORANGE AVE., SUITE 2025

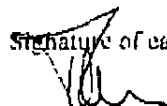
ORLANDO, FL 32801

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 29th day of July 2008

Signature of each general partner:



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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STATE OF FLORIDA
TALLAHASSEE

08 AUG - 1 AM 10:50

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