

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

NOV 10 2009

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

EXAMINER

FLORIDA/FOREIGN LP/LLLP

LF2 Preferred LP

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

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11/6/2009

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

1 LF2 PREFERRED LP

(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.L.P.

2 4650 Donald Ross Road, Suite 200

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3 NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

4 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Weston, FL 33331

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.

NRAI Services, Inc.

by: Mary Parks

Signature of Registered Agent

6 2851 John Street, Suite One

(Mailing address of initial designated office)

Markham, Ontario L3R 5R7

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

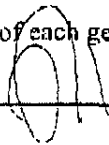
8. Name and business address of each general partner:

Name:Business Address:LF2 Preferred GP LLC4650 Donald Ross Rd., Ste. 200Palm Beach Gardens, FL 33418

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 5th day of November, 2009

Signature of each general partner:

PER:ROBERT S. GREEN, MANAGER

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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