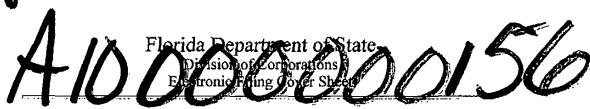
0 2:40PM Corporations

Barnett, Bolt

No. 4390 P. 1/3 Page 1 of 1



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.

(((H100000561913)))



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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 : BARNETT, BOLT, KIRKWOOD, LONG & MCERADE

Account Number: 072731001155

Phone

: (813)253-2020

Fax Number

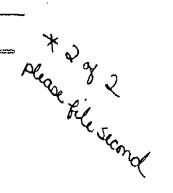
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LP/LLLP Septem Family Partnership II, Ltd.

Certificate of Stat	us	1
Certified Copy		0
Page Count		02
Estimated Charge		\$1,008.75



D. BRUCE

MAR 1 2 2010

Electronic Filing Menu

Corporate Filing Menu



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

, Septem Family Partnership 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 LLLP.		
2,601 Bayshore Boulevard, Ste. 700		
(Street address of initial designated office)		
Tampa, FL 33606		
3 David L. Koche	10/	
(Name of Registered Agent for Service of Process)	ÁR	•
4,601 Bayshore Boulevard, Ste. 700	MAR !!	7
(Florida street address for Registered Agent)	Ħ	ř
Tampa, FL 33606		֡ ֖֡
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 an accept the deligations of my footbon as registered agent. X Signature of Registered Agent	17.6	
_{6.} 601 Bayshore Boulevard, Ste. 700		
(Mailing address of initial designated office)		
Tampa, FL 33606		
7. If limited partnership elects to be a limited liability limited partnership, check box		

Page 1 of 2

8. Name and business address of eac Name:	ch general partner: Business Address:	
Septem Management II, LLC	601 Bayshore Blvd., Ste. 700	
	Tampa, FL 33606	
	40000027730	
	· · · · · · · · · · · · · · · · · · ·	
	L C A T A T	O MAR
9. Effective date, if other than the date of fil	ing:	
	more than 90 days after the date the documents	
Signed this 11th day of		
Signature of each general partner:		
SEPTEM MANAGEMENT II, LLC		
By: David L. Koche, Authorized		
Representative	<u> </u>	
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 \$8.75 Page 2 of 2	