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(Requestor's Name)

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(City/State/Zip/Phone #)

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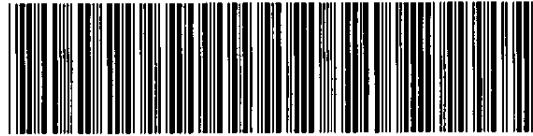
(Business Entity Name)

(Document Number)

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B. KOHR

MAY \_ 6 2010

EXAMINER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WALEA SUNSET  
LIMITED PARTNERSHIP

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- ☐ Art of Inc. File
- ☒ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ E.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

5/16

AM

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WAILEA SUNSET LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -6 PM 11:26

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1101 et. al., make the following certificate:

1. The name of the limited partnership shall be: WAILEA SUNSET LIMITED PARTNERSHIP.

2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.

3. The street mailing address, location of the office and principal place of business for the limited partnership shall be 4708 RUE BORDEAUX, LUTZ, FLORIDA 33558.

4. The name and business address of the general partner is KAUAI WATERFALL, LLC, whose business address is 4708 RUE BORDEAUX, LUTZ, FLORIDA 33558.

5. The partnership shall be perpetual.

6. The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

O'CONNOR & ASSOCIATES  
1250 BELCHER ROAD, SUITE 160  
LARGO, FL. 33771

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30 day of APRIL, 2010.

WITNESSES:

General Partner

KAUAI WATERFALL, LLC, a Florida limited liability corporation as general partner

By:

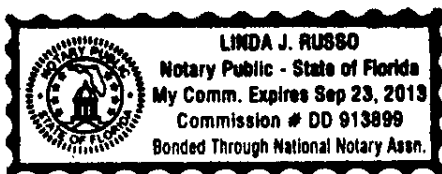
SUNANDA SINGH, its Manager

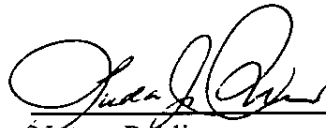
Robo A. Guas  
Daniel Weber

Sunanda Singh

STATE OF FLORIDA )  
COUNTY OF Hernando ) S.S.

The foregoing instrument was acknowledged before me this 30 day of APRIL, 2010, by SUNANDA SINGH as Manager of KAUAI WATERFALL, LLC, as general partner, on behalf of the WAILEA SUNSET LIMITED PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced \_\_\_\_\_ as identification and did take an oath.

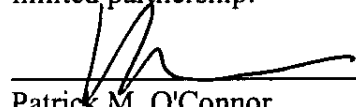


  
\_\_\_\_\_  
Notary Public  
State of Florida  
My Commission Expires:

**Acknowledgment of Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.1114 for said limited partnership.

By: \_\_\_\_\_

  
Patrick M. O'Connor  
Registered Agent