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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2010 SEP - 7 PM 12:39

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEADQUARTER ORLANDO, LTD.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

BETSY PARENTI  
Contact Person  
FOWLER RODRIGUEZ VALDES-FAULI  
Firm/Company  
355 ALHAMBRA CIRCLE, SUITE 801  
Address  
CORAL GABLES, FL 33134  
City, State and Zip Code  
bparenti@frvf-law.com  
E-mail address: (to be used for future annual report notification)

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2010 SEP -7 PM 12:39  
TALLAHASSEE, FL 32314

For further information concerning this matter, please call:

Betsy Parenti at ( 786 ) 364-8480  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☒ \$1,052.50 Filing Fees and Certified Copy  
☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

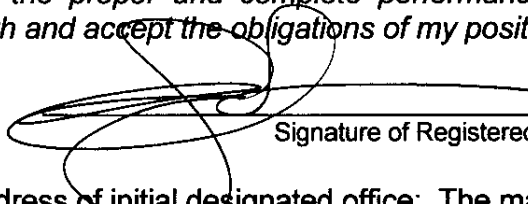
**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP  
HEADQUARTER ORLANDO, LTD.**

The undersigned sole general partner, desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. Name of Limited Partnership: The name of the limited partnership is **HEADQUARTER ORLANDO, LTD.**
2. Street Address of initial designated office: The street address of the initial designated office is **17700 State Road 50, Clermont, Florida 34711.**
3. Name of Registered Agent for Service of Process: The name of the partnership's Registered Agent for Service of Process is **Judy L. Farcus Serra.**
4. Florida street address for Registered Agent: The street address for the Registered Agent is **5895 N.W. 167 Street, Hialeah, Florida 33015.**
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 Agent

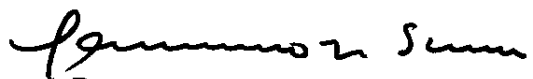
6. Mailing address of initial designated office: The mailing address of initial designated office is **5895 NW 167 Street, Hialeah, Florida 33015.**
7. Name and business address of the General Partner:

<u>Name</u>	<u>Business Address</u>
<b>Headquarter Orlando Management, Inc.</b> <b>a Florida corporation</b> <b>91-72504</b>	<b>5895 N.W. 167 Street</b> <b>Hialeah, FL 33015</b>

Signed this 2<sup>nd</sup> day of September, 2010.

General Partner

HEADQUARTER ORLANDO  
MANAGEMENT, INC.  
a Florida corporation

  
By: \_\_\_\_\_  
Jeronimo M. Esteve, its President