

A10000000738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

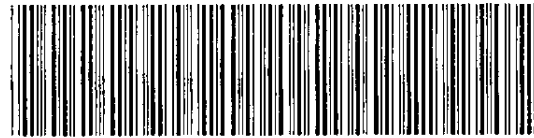
(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV 18 AM 9:24

B. KOHR

NOV 19 2010

EXAMINER

GRAY ROBINSON  
ATTORNEYS AT LAW

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
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gray-robinson.com

FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
MIAMI  
ORLANDO  
TALLAHASSEE  
TAMPA

November 18, 2010

E-MAIL ADDRESS  
mwilkinson@gray-robinson.com

**VIA HAND DELIVERY**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: SE Colony US, LLLP  
Our File No. 2974-1

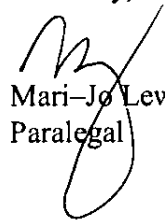
To Whom It May Concern:

Enclosed for filing, please find an original and one copy of **CERTIFICATE OF LIMITED PARTNERSHIP** for **SE COLONY US, LLLP**.

Please **FILE THE ORIGINAL AND ISSUE A CERTIFIED COPY**. This firm's check in the amount of **\$1,052.50** is enclosed. Additionally, please **DATE STAMP** the attached copy of this letter and call me when the certified copy is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,

  
Mari-Jo Lewis-Wilkinson  
Paralegal

Enclosures  
# 3619724 vl

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DIVISION OF CORPORATIONS  
TALLAHASSEE

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 18 AM 9:24

1. SE Colony US, LLLP

(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. Hacienda San José, 120 Sanjuanera  
(Street address of initial designated office)

Caguas, PR 00727

3. GrayRobinson, P.A.  
(Name of Registered Agent for Service of Process)

4. 301 E. Pine Street, Suite 1400  
(Florida street address for Registered Agent)

Orlando, Florida 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.*

**GRAYROBINSON, P.A.**

By:   
Signature of Registered Agent Richard A. Rodgers, Authorized Representative

6. P. O. Box 6118  
(Mailing address of initial designated office)

Caguas, PR 00726

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:

Artificial Intelligence US, Corp.

Hacienda San José

120 Sanjuanera

Caguas, PR 00727

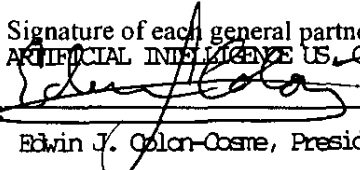
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9. Effective date, if other than the date of filing: \_\_\_\_\_.

*(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 9th day of November, 2010.

Signature of each general partner:  
ARTIFICIAL INTELLIGENCE US, CORP.

By   
Edwin J. Colon-Corne, President

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**