

**A1 2000000372**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
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\*\*\* FILE SECOND AFTER ARTICLES OF INC ARE  
FILED FOR THE GENERAL PARTNER. THESE  
ARE BEING FILED ON FAX AUDIT  
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FLORIDA/FOREIGN LP/LLP  
WA ALTAMONTE LLLP

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**CSC recently launched the new CSCDashboard and CSCNavigator, the unified legal and compliance solution. Review our step-by-step instructions to help you reach the CSC services you use every day.**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 27 PM 12:35

1. WA ALTAMONTE 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 L.L.P.

2. 100 East Sybella Avenue, Suite 120, Maitland, Florida 32751

(Street address of initial designated office)

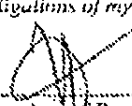
3. Marc L. Hagler

(Name of Registered Agent for Service of Process)

4. 100 East Sybella Avenue, Suite 120, Maitland, Florida 32751

(Florida street address for Registered Agent)

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. 100 East Sybella Avenue, Suite 120, Maitland, Florida 32751

(Mailing address of initial designated office)

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:

GP Altamonte, Inc.

100 East Sybella Avenue, Suite 120

Maitland, Florida 32751

P12000057788

## 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 27 day of June, 2012

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GP Altamonte, Inc., General Partner

By: MLH

Mark L. Hagle, CEO

## Filing Fees:

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

## Certified Copy (optional):

\$52.50

## Certificate of Status (optional):

\$8.75