

JUL. 23. 2012
Division of Corporations

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AM KEMKER

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Florida Department of State
Division of Corporations
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T. CLINE

JUL 24 2012

EXAMINER

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

1. Immobill, LLP

(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 LLP.

2. 10931 N. Dale Mabry Highway

(Street address of initial designated office)

Tampa, Florida 33618

3. TK Registered Agent, Inc.

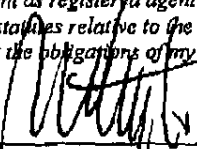
(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Boulevard, Suite 2700

(Florida street address for Registered Agent)

Tampa, Florida 33602

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. 10931 N. Dale Mabry Highway

(Mailing address of initial designated office)

Tampa, Florida 33618

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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8. Name and business address of each general partner:

Name:

Business Address:

C & D United, LLC

10931 N. Dale Mabry Highway

Tampa, Florida 33618

L12-93417

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 20th day of July, 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.

X [Signature]

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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