Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001486393)))



H130001486383ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

: BERGER SINGERMAN - FORT LAUDERDALE Account Name

Account Number: I20020000154

(954) 525-9900 Phone Fax Number ; (954)523-2872

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA/FOREIGN LP/LLLP Lexington Tier I LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

© 07/01/2013 1:52 PM H13000148637

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP (the "Certificate") is made this 1 Sday of June, 2013.

1.0 Name. The legal name of the Partnership shall be "Lexington Tier 1 LLLP".

- 2.0 <u>Business and Mailing Address</u>. The business and mailing address of the Partnership's initial designated office shall be located at 777 Yamato Road, Suite 105, Boca Raton, Florida 33431.
- 3.0 Name and Address of Registered Agent. The Partnership's initial Registered Agent for service of process, and the business and mailing address of the Partnership's initial Registered Agent, shall be as follows:

David Michaels 777 Yamato Road, Suite 105 Boca Raton, Florida 33431

4.0 Acceptance by Registered Agent. The undersigned Registered Agent hereby agrees as follows:

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.

By:

avid Michaels, Registered Agent

Date

6/15/2013

5.0 <u>Election of Limited Liability Limited Partnership Status</u>. The Partnership hereby elects to be classified as a limited liability limited partnership.

5030690-1

H13000148639

© 07/01/2013 1:52 PM H13000H8639

6.0 <u>General Partner</u>. The name and business and mailing address of the General Partner of the Partnership are as follows:

Name

Business and Mailing Address

Michaels Management, LLC

777 Yamato Road, Suite 105 Boca Raton, Florida 33431

7.0 <u>Effective Date</u>. The effective date of this Certificate shall be the date of filing and registration by the Florida Department of State.

IN WITNESS WHEREOF, the General Partner has executed this Certificate on the date first written above.

**GENERAL PARTNER**:

Michaels Management

By:

Day of Michael

As Its: Manager

13 JUL -1 PM 2: 47