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

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED,
 Account Number : 072720000036
 Phone : (407) 843-4600
 Fax Number : (407) 843-4444
Mr. Tom Parsley

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

Email Address: tom.sittima@cwl.com

FLORIDA/FOREIGN LP/LLLP

West Lakes Phase II, LP

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

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JUN 12 2015

CERTIFICATE OF LIMITED PARTNERSHIP

OF

WEST LAKES PHASE II, LP

The undersigned hereby makes and files with the Secretary of State of the State of Florida this Certificate of Limited Partnership for the purpose of forming a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act of 2005.

1. Name. The name of the partnership shall be West Lakes Phase II, LP (the "Partnership").

2. Initial Designated Office. The street and mailing address of the initial designated office of the Partnership is 215 East Central Boulevard, Orlando, Florida 32801.

3. Registered Agent. The name and address of the Partnership's initial registered agent is William T. Dymond, Jr., 215 N. Eola Drive, Orlando, Florida 32801.

4. Name and Business Address of the Sole General Partner. The name of the sole general partner of the Partnership is Lift Orlando GP, LLC, a Florida limited liability company. The business address of the sole general partner of the Partnership is 215 East Central Boulevard, Orlando, Florida 32801.

IN WITNESS WHEREOF, the undersigned sole general partner of the Partnership has executed this Certificate of Limited Partnership this 11th day of June, 2015.

LIFT ORLANDO GP, LLC
a Florida limited liability company

By: **Lift Orlando, Inc.**, a Florida corporation,
its Manager

By: 

Name: William T. Dymond Jr.

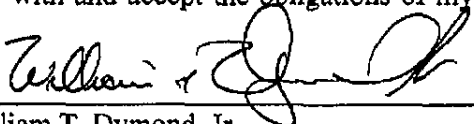
Title: Secretary

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ACCEPTANCE OF REGISTERED AGENT

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.



William T. Dymond, Jr.

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