

09/11/2015

14:38 Chris Mohrman

Division of Corporations

P.001/003

**Florida Department of State  
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To:

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

From:

Account Name : VOGEL LAW OFFICE, P.A.  
Account Number : I20030000100  
Phone : (239) 262-2211  
Fax Number : (239) 262-8330

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

Email Address: chrisw@vogel-law.net

**FLORIDA/FOREIGN LP/LLLP  
Colony Belvedere Limited Partnership**

Certificate of Status	0
Certified Copy	0
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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**for**  
**COLONY BELVEDERE LIMITED PARTNERSHIP**

**ARTICLE I**  
**NAME**

The name of the Limited Partnership is: **Colony Belvedere Limited Partnership**

**ARTICLE II**  
**ADDRESS**

The mailing address and the street address of the initial designated office is:

4099 Tamiami Trail North, Suite 200  
Naples, FL 34103.

**ARTICLE III**  
**DURATION**

The period of duration of the Limited Partnership shall be perpetual or until dissolved in a manner provided by law or as provided in the limited partnership agreement.

**ARTICLE IV**  
**PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es). This limited partnership is not a limited liability limited partnership.

**ARTICLE V**  
**GENERAL PARTNER**

The name and address of the General Partner is:

**Colony Belvedere GP, LLC**  
4099 Tamiami Trail North, Suite 200  
Naples, FL 34103

**ARTICLE VI**  
**REGISTERED AGENT**

The name and address of the Registered Agent is:

**Chris Wohlbrandt**  
4099 Tamiami Trail North, Suite 200  
Naples, FL 34103

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TALLAHASSEE, FLORIDA

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**ACCEPTANCE OF APPOINTMENT AS 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.

  
\_\_\_\_\_  
Chris Wohlbrandt  
(Signature of Registered Agent)

The Effective Date of this Certificate of Limited Partnership is as of the date of filing.

SIGNED this 11 day of September, 2015.

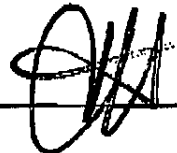
The undersigned submits this document and affirms that the facts stated herein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**COLONY BELVEDERE GP, LLC**  
A Florida limited liability company

BY: SCA Properties, LLC  
Its: General Partner

BY: \_\_\_\_\_

Manager



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