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(((H15000283625 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From: Carrie Ramos, Paralegal PLEASE FAX CONFIRMATION TO: 407

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone Fax Number : (407)843-8880 : (407)244-5690

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

## FLORIDA/FOREIGN LP/LLLP Florida Piazza Hotel Investment Fund, LP

Certificate of Status	0
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Page Count	03
Estimated Charge	\$1,000.00

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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP

١,	FLORIDA PIAZZA HOTEL INVESTMENT FUND, LP						
	oble Limited Partnership suffixes: Limited Partner oble Limited Liubility Limited Partnership suffixes.						
2.	405 N. Reo Street, Suite 200, Tampa. FL (Street address of ini	33609 tial designated office)					
;	Paul A. Baumann (name of Registered Age	ent for Service of Process)					
<b>l</b> .	405 N. Reo Street, Suite 200, Tampa, FL						
5. comply familia	I hereby accept the appointment as registered a with the provisions of all statutes relative to the with and accept the obligations of my position as	gent and agree to act in this capacity. I further agree in proper and complete performance of my duties, and am regimered agent.					
	Signature of R	egistered Agent					
5.	405 N. Reo Street, Suite 200, Tampa, FL (Mailing address of in	itial designated office)	-				
7.	If this Florida limited partnership elects to be a Florida limited liability limited						
oartne	ership, check here,						
3.	Name and address of each general partne	r:					
	Name:	Business Address:					
	Florida Piazza Fund Management, LLC	405 N. Reo Street, Suite 200 Tampa, FL 33609					

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9.	Effective date	, if other than the date of	filing: <u>n/a</u>	
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(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 30th day of November, 2015.

Signature of each General Partner: 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 Section 817,155, F.S.

FLORIDA PIAZZA FUND MANAGEMENT,

LLC, a Florida limited liability company

Paul A. Baumann, a Manager

15 DEC -1 AM 9: 2
SECRETARY OF STATE
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Filing Fees:

rning recs.

Certified Copy (optional)

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

\$52,50

\$8.75

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