## 60000035

| (Re                                     | guestor's Name)    |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ad                                     | dress)             |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL .    |
| (Business Entity Name)                  |                    |           |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    | :         |
|   |                    |           |

Office Use Only



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K. SALY EXAMINER JUL 21 -

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: CRES 2410 BUSCH  | TAMPA, L.P.  |  |
| Name of Florida Limited   | Partnership or Limited Liability Limited Partnership                 |  |
| The enclosed Certificate of Limited Parti   | nership and fees are submitted for filing.                           |  |
| Please return all correspondence concern  | ing this matter to:  |  |
| Matt Nine   |  |  |
| Contact Person  |  |  |
| Campus Real Estate Solutions LLC  |  |  |
| Firm/Company  |  |  |
| 13455 Noel Rd., Suite 410   |  |  |
| Address   |  |  |
| Dallas, TX 75240  |  |  |
| City, State and Zip Code  |  |  |
| mnine@campusrealestate.com  |  |  |
| E-mail address: (to be used for future annua  | al report notification)  |  |
| For further information concerning this n   | natter, please call:   |  |
| Matt Nine   | at (214 ) 905-1228   |  |
| Name of Contact Person  | Area Code and Daytime Telephone Number                               |  |
| Enclosed is a check for the following am  | ount:  |  |
| \$1,000.00 Filing Fees \$1,008.75 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status | sees \$1,052.50 Filing Fees and Certified Copy Certificate of Status |  |
| STREET ADDRESS:   | MAILING ADDRESS:   |  |
| Registration Section  | Registration Section   |  |
| Division of Corporations  | Division of Corporations   |  |
| Clifton Building 2661 Executive Center Circle   | P. O. Box 6327<br>Tallahassee, FL 32314                              |  |
| Tallahassee FL 32301  | rananassee, FL 32314   |  |

CR2E030 (01/06)

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



| 1. CRES 2410 BUSCH TAMPA, L.P.   |
|--|
| (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 LLLP.                             |
| 2. 2001 NW 139th Terrace   |
| (Street address of initial designated office)  |
| Pembroke Pines, FL 33028   |
| 3. Steve Stenmark  |
| (Name of Registered Agent for Service of Process)  |
| 4.2001 NW 139th Terrace  |
| (Florida street address for Registered Agent)  |
| Pembroke Pines, FL 33028   |
| 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 |
| 6,2001 NW 139th Terrace  |
| (Mailing address of initial designated office)   |
| Pembroke Pines, FL 33028   |
|  |
| 7. If limited partnership elects to be a limited liability limited partnership, check box  |

| Name:  | Business Address:   |
|--|---|
| Premier Realty Advisors, LL                  | .C 2001 NW 139th Terrace  |
|  | Pembroke Pines, FL 33028  |
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| 9. Effective date, if other than the date of | filing:   |
| (Effective date cannot be prior to n         | or more than 90 days after the date the document is   |
| filed by the Florida Department of           |   |
| Signed this 19TH day                         | of <mark>July , 2016 .</mark>   |
| Signed this day                              | , <u>2010</u>   |
| • •  | /We submit this document and affirm that the facts  |
|  | aware that any false information submitted in a te constitutes a third degree felony as provided for in |
| 01# 1## DO                                   |   |
| PREMIER REACTY AD                            | JISORS, LEC   |
| MININE                                       |   |
| 0  |   |
| STEVE STENMARK, M                            | 1ANAGEU   |
| Filing Fees:                                 | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)   |
| Certified Copy (optional):                   | \$52.50   |
| Certificate of Status (optional):            | \$8.75<br>Page 2 of 2   |
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