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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DATE:	08-29-16			
NAME:	WESLEY CHAPEL HOSPITALITY INVESTMENT FUND LP			
TYPE OF FII	LING: CERTIFICATE OF LIMITE PARTNERSHIP			
COST:	1000.00			
RETURN: PLAIN COPY PLEASE				
ACCOUNT:				
AUTHORIZA	ATION: ABBIE/PAUL HODGE			



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

1. Wesley Chapel Hospitality Investment Fund LP
(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.P. or LLLP.
2. 303 SW 8th Street Suite One
(Street address of initial designated office)
Ocala, FL 34471
3. Vijay Patel
(Name of Registered Agent for Service of Process)
4. 14106 US Highway 19
(Florida street address for Registered Agent)
Hudson, FL 34667
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 Vijay Patel
Signature of Registered Agent Vijay Patel
6, 303 SW 8th Street Suite One
(Mailing address of initial designated office)
Ocala, FL 34471
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

8. Name and business address of ea	Business Address:	LED AM 9:12
Dhruv Management LLC	303 SW 8th Street Suite One	IFS IAI
	Ocala, FL 34471	ORIOR
Signature of each general partner: It stated herein are true. I/We am/are a	or more than 90 days after the date the document is	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2	