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To:

Division of Corporations

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From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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Email Address: Ischmidt@zkslaufiem.com

## FLORIDA/FOREIGN LP/LLLP

Rochester Park, LTD.

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

I. ROCHESTER PARK, LTD.	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., ar Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
2. 1105 Kensington Park Drive, Suite 200	
(Street address of initial designated office)	
Altamonte Springs, Florida 32714	
3. N. Dwayne Gray, Jr., Esq.	اس
(Name of Registered Agent for Service of Process)	ਲੋਂ ਂ
4,315 E. Robinson Street, Suite 600	SEP 23
(Florida street address for Registered Agent)	~3
Orlando, Florida 32801	
5. I hereby occept 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.	AM 9: 32
Signature of Registered (Kgent)	2
6,1105 Kensington Park Drive, Suite 200	
(Mailing address of initial designated office)	
Altamonte Springs, Florida 32714	
7. If limited partnership elects to be a limited liability limited partnership, check box	
Page 1 of 2	

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## (((H16000237563 3)))

<ol> <li>Name and business address of eannes</li> </ol>	ach general partner: <u>Busíness Address:</u>
Rochester Park GP, LLC	1105 Kensington Park Drive, Ste 200
	Altamonte Springs, Florida 32714
***************************************	
9. Effective date, if other than the date of	filings
(Effective date cannot be prior to no filed by the Florida Department of t	or more than 90 days after the date the document is State.)
Signed this 20th day of	of September 2016.
stated herein are true. I/We am/are	/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
Rochester Rark GP, LEC	
Ву: (	
Jonathan Wolf, Manager	
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