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O SIMMONS 0CT 1 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 853731 4381472

AUTHORIZATION: Spelle Kenzan

COST LIMIT : \$' 1000.00

ORDER DATE: October 9, 2017

ORDER TIME : 9:01 AM

ORDER NO. : 853731-005

CUSTOMER NO: 4381472

DOMESTIC FILING

NAME: ZOM AZOLA WPB GP, LP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

XXX CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP OF ZOM AZOLA WPB GP, LP

Pursuant to the authority of Section 620.1201, Florida Statutes, the undersigned, constituting the general partner of **ZOM AZOLA WPB GP**, LP, a Florida limited partnership (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

- 1. The name of the Partnership shall be ZOM Azola WPB GP, LP.
- 2. The address of the initial office where records shall be kept shall be 2001-Summit Park Drive, Suite 300, Orlando, FL 32810. The name and address of the initial registered agent as service of process is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.
 - 3. The names and initial business address of the General Partner is:

ZOM Azola WPB GP, LLC,

a Florida limited liability company 2001 Summit Park Drive, Suite 300, Orlando, FL 32810

4. The initial mailing address of the limited partnership is 2001 Summit Park Drive, Suite 300, Orlando, FL 32810.

This Certificate has been executed by the undersigned as of the 5 day of october , 2017.

GENERAL PARTNER:

ZOM AZOLA WPB GP, LLC, a Florida limited

liability dempany

Bv

Samuel C. Stephens, III, Executive Vice President

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for ZOM AZOLA WPB GP, LP, the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that it is familiar with and accepts its statutory obligations as such.

CORPORATION SERVICE COMPANY

By: Klyanie June

Name: Roxanne Turner

Title: Asst. Vice President

Dated this 10 day of October, 2017.



ZOM AZOLA WPB GP, LLC 2001 Summit Park Drive, Suite 300 Orlando, Florida 32810

October 9_, 2017

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

ZOM Azola WPB GP, LLC

Document No. __L17000207123

Dear Sir or Madam:

Please allow this letter to serve as consent for ZOM Azola WPB GP, LP, a Florida limited partnership to be formed (the "Partnership"), to use the name "ZOM Azola WPB GP" in connection with its formation as a Florida limited partnership. The Partnership is an affiliate of the undersigned. Any potential name conflicts are hereby waived.

Thank you for your assistance.

Very truly yours,

Executive Vice President