

10/22/2020

Division of Corporations

Florida Department of State
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FLORIDA/FOREIGN LP/LLLP**Blue Senior One, Ltd.**

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BLUE SENIOR ONE, LTD.**

Pursuant to the authority of Section 620.1201, Florida Statutes, the undersigned, constituting the general partner of **BLUE SENIOR ONE, LTD.** (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be **BLUE SENIOR ONE, LTD.**
2. The address of the initial office where records shall be kept shall be 5300 West Cypress Street, Suite 200, Tampa, FL 33607. The name and address of the initial registered agent for service of process shall be Shawn Wilson, 5300 West Cypress Street, Suite 200, Tampa, FL 33607.
3. The name and initial business address of the General Partner is:

BLUE SENIOR ONE GP, LLC,
a Florida limited liability company
5300 West Cypress Street, Suite 200
Tampa, FL 33607
4. The initial mailing address of the limited partnership is 5300 West Cypress Street, Suite 200, Tampa, FL 33607.
5. The Partnership hereby elects not to be a limited liability limited partnership.

This Certificate has been executed by the undersigned as of the 19 day of October, 2020.

GENERAL PARTNER:

BLUE SENIOR ONE GP, LLC, a Florida limited liability company


By: _____

Shawn Wilson, Manager

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ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for **BLUE SENIOR ONE, LTD.**, 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.



Shawn Wilson

Dated this 19th day of October, 2020.