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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A.

Account Number : 0727310011SS Phone : (813)253-2020 Fax Number : (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

tseemann@barnettbolt.com

## FLORIDA/FOREIGN LP/LLLP Gaudium Partnership II, Ltd.

Certificate of Status	1
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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partifixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	Limited rtnership
601 Bayshore Boulevard, Suite 700	
(Street address of initial designated office)	
Tampa, FL 33606	
David L. Koche	
(Name of Registered Agent for Service of Process)	
601 Bayshore Boulevard, Suite 700	72
(Florida street address for Registered Agent)	
Tampa, FL 33606	;
. I hereby accept the appointment as registered agent and agree to act in this capacity. I further ith the provisions of all statutes relative to the proper and complete performance of my duties, and ith and accept the obligations of my position as registered agent.	agree to co
Signature of Registered Agent	
<u> </u>	
Signature of Registered Agent  601 Bayshore Boulevard, Suite 700  (Mailing address of initial designated office)	<del></del>

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$\Pi ZZ$	UU.	120	17/0	

Name and business address of each general partner: <u>Business Address:</u>				
Septem Management I, LLC		601 Bayshore	Boulevard, Suite 700	
	 -	Tampa, FL 336	506	
	-			
				<del>_</del>
	<u>-</u>			2027.
. <b></b>	-			
9. Effective date, if other than the a (Effective date cannot be prior to nother Florida Department of State.) Note: If the date inserted in this blottlis date will not be listed as the do	or more the	an 90 days afte ot meet the app	licable statutory filing	requirements,
Signed this 25 11	day of_	July		2
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the Septem/Management I/LLC By:	that any fa	lse information	n submitted in a docum	ent to the
David L. Koche, Manager				
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	00 (\$965 Filing Fo	ee and \$35 Registered Agen	nt Fee)