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Division of Corporations Page 1 of 1	
Florida Department of State Florida Departme	008
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : BROAD AND CASSEL (ORLANDO) Account Number : I15980000090 Phone : (407)839-4200 Fax Number : (407)839-4264	
FLORIDA/FOREIGN LP/LLP ZOM Flagler Village, L.P.	r J
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	Toring Dept. of State Electronic Filling
	Fecsimile Audit No. <u>HO 70000 8 746</u> 3
APPLICATION BY FOREIGN LIMITED I LIMITED LIABILITY LIMITED PA TO TRANSACT BUSINES IN F	ARTNERSHIP
1. ZOM Flagler Village, L.P.	• <del></del>
(Name of Limited Partnership or Limited Liability Limited Partnership suffixes: Limited Partnership, Limit Acceptable Limited Partnership suffixes: Limited Partnership, Limit Acceptable Limited Liability Limited Partnership suffixes: Limited L or LLLP.	ied, L.P., LP, or Lid.
(If name unavailable, name under which the limited partnership o proposes to register to transact business in Florida; must	r limited liability limited partnership contain acceptable suffix.)
2. Delaware 3. Janua	ary <u>8</u> , 2007
(State or Country of Formation) (Da	ate of Formation)
4. B&C Corporate Services of Centra	
(Name of Registered Agent for Service of	1. 14 M
5 390 N. Orange Avenue, Suite 1400 (Florida street address for Registered	
	s Agenti
Orlando, Florida 32801	A <b>O</b> a statistical de la constatistica
6. I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and c and I am familiar with an accept the obligations of my position as re-	complete performance of my duties, III
By: Holly Collins Signature of Registered Agen	Vie President
7. 1950 Summit Park Drive, Suite 300	
(Principal office address)	<u> </u>
(rtucipal office autress)	

8. If limited partnership is a limited liability limited partnership, check box

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## 9. 1950 Summit Park Drive, Suite 300

(Mailing address)

## Orlando, Florida 32810

10. Name, principal office address, and mailing address of each general partner:

ZOM Florida I	<u> GP, Inc.</u>	1950 Summit Park Drive, Sui	ite 300		
F0700000163		Orlando, Florida 32810			
10100000	)1(0.2	1950 Summit Park Drive, S	Suite 30	0	
	 ''	Orlando, Florida 32810			
(Name)		(Street Address)	<b></b> .		
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(Name)		(Street Address)			
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(Name)		(Street Address)	י ורדי	۰. م	
			STATE	೯ೆಜ್ಜ ಎ ೧	
		(Mailing Address)		-	



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(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

11. Effective date, if other than the date of filing: date of filing

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

day of 🤨 Signed this icial partner: Signature of a メッ、ほ Executive Voce President

Filing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZOM FLAGLER VILLAGE, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2007.

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Warriet Smith Window

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 5338511

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