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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6393

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

FLORIDA/FOREIGN LP/LLP

LAKE VISTA CENTER, L.P.

12/17

Certificate of Status	0
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Shanda Roth Ex 2955 362456

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2007 DEC 14 PM 1:30

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

**1. LAKE VISTA CENTER, L.P.**

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

**2. Georgia**

(State or Country of Formation)

**3. 12/28/95**

(Date of Formation)

**4. Corporation Service Company**

(Name of Registered Agent for Service of Process)

**5. 1201 Hays Street**

(Florida street address for Registered Agent)

**Tallahassee, FL 32301**

6. I hereby accept 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.

Corporation Service Company

By: 

Signature of Registered Agent

**7. 250 Jackson Street**

(Principal office address)

**Englewood, NJ 07631**

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

9. 250 Jackson Street

(Mailing address)

Englewood, NJ 07631

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

Lake Vista Management  
Company LLC

(Name)

250 Jackson Street

(Street Address)

Englewood, NJ 07631

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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

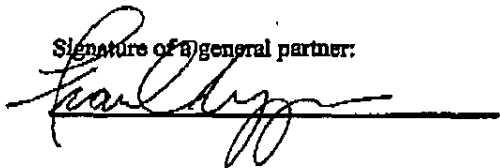
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(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.

Signed this 7th day of December, 20 07.

Signature of a general partner:



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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**STATE OF GEORGIA****Secretary of State**

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

**CERTIFICATE  
OF  
EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

**LAKE VISTA CENTER, L.P.****Domestic Limited Partnership**

was formed or was authorized to transact business on 12/28/1995 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of December, 2007

Karen C Handel  
Secretary of State

Certification Number: 1909748-1 Reference:  
Verify this certificate online at <http://corp.sos.state.ga.us/corp/sockb/verify.asp>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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