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DELAND FL HWY 92 AZ NO.8, LTD

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

CK FOR \$1,052.50 ATTACHED

RETURN: CERTIFIED COPY

<u> ACCOUNT: FCA0000000015</u>

AUTHORIZATION: ABBIE/PAUL HODGE

FILE

WORE 12 PAR 2: 15

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

TO TRANSACT BUSINES IN FLORIDA DeLand FL HWY 92 AZ No. 8, Ltd. (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.P. (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.) <sub>2</sub> Texas (State or Country of Formation) Capitol Corporate Services, Inc. (Name of Registered Agent for Service of Process) 155 Office Plaza Drive, Suite A (Florida street address for Registered Agent) 32301 Tallahassee Florida 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 an accept the obligations of my position as registered agent. 2046 Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
Signature of Registered Agent 7. 16525 Lexington Blvd., Suite 240 (Principal office address)

TΧ

77479

Page 1 of 3

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

Sugar Land

(Mai	ling address)	
Sugar Land	TX	77479
10. Name, principal office address, and n	nailing address of each general pa	artner:
DeLand, FL HWY 92 AZ No. 8 Management, LLC	16525 Lexington Blvd	., Suite 240
(Name)	Sugar Land TX	77479
m 0800000 5785		
	(Mailing Address	s)
(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 o	of filing:
(Effective date cannot be prior to n filed by the Florida Department of	nor more than 90 days after the date this document is State.)
to the delivery of this application t	stence duly authenticated, not more than 90 days prior to the Florida Department of State, by the Secretary of ody of the entity's records in the jurisdiction under the
Signed this 10th day	of December ,20 08.
Signature of a general partner:    A	ELand, FL Hwy 92 AZ No. 8 Management, LLC
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



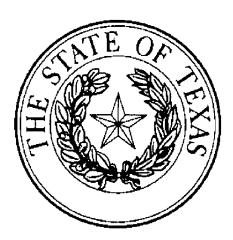
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DeLand, FL Hwy 92 AZ No. 8, Ltd. (file number 800817384), a Domestic Limited Partnership (LP), was filed in this office on May 18, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 03, 2008.



Hope Andrade Secretary of State

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