

BIUUUUUU00189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

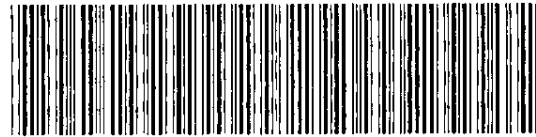
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

DEC - 1 2010

EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Metro Ft. Myers Operating Associates, LLLP

sballew@rosemontrealty.com

Signature

Requested by: SN

12/01/10 AM

Name

Date

Time

Walk-In

Will Pick Up

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Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
☒ Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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

FILED
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DIVISION OF CORPORATIONS
10 DEC - 1 PM 2:10

1. Metro Ft. Myers Operating Associates, LLLP

(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. New Mexico

State or Country of Formation

3. September 28, 2010

Date of Formation

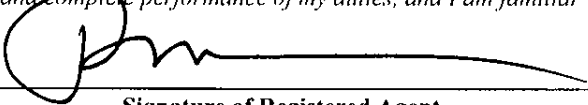
4. Name of Registered Agent for Service of Process and Florida Street Address:

Robert F. Greene

601 12th Street West

Bradenton, FL 34205

5. 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.



Signature of Registered Agent

7. Principle Office: (Florida Street Address)

8. Mailing Address:

330 Garfield Street

Santa Fe, NM 87501

9. If limited partnership is a limited liability limited partnership, check box ☒

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

Name of General Partner: Rosemont Metro Ft. Myers LLC

Name of General Partner: _____

Street Address: 330 Garfield Street

YN1000005255

Street Address: _____

Santa Fe, NM 87501

Mailing Address: Same

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

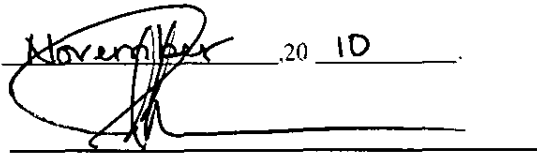
Mailing Address: _____ Mailing Address: _____

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 23rd day of November, 20 10.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

State of New Mexico



OFFICE OF THE

SECRETARY OF STATE

LLLD2010092801

CERTIFICATE

I, MARY HERRERA, SECRETARY OF STATE FOR NEW MEXICO, DO HEREBY CERTIFY

that

METRO FT. MYERS OPERATING ASSOCIATES, LLLP, a New Mexico limited liability limited partnership, registered in this office on September 28, 2010, duly formed pursuant to the provisions of sections 54-2A-201 NMSA, 1978 compilation. All fees and penalties have been paid to this office and the partnership has not been dissolved administratively. This partnership has not been amended to state that the partnership has been dissolved and a statement of termination has not been filed with this office as of this date.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF NEW MEXICO, IN THE CITY OF SANTA FE, THE CAPITAL, ON THIS 22nd DAY OF November, 2010 A.D.



A handwritten signature in black ink, appearing to read "Mary Herrera".

Secretary of State