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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

## FLORIDA/FOREIGN LP/LLLP

Beurer Latin America, LP

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7/17/2012

TO CORPORATION BY WELL AND TO TO

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#### COVER LETTER

TO;

Registration Section

Division of Corporations

Seurer Ladin America, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The onclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited ilability limited partnership to transact business in Piorida.

Please return all correspondence concerning this matter to:

Isadora Harper				
	Contact Person		•	
Arnall Golden Gregory I	LP			
, ,	Firm/Company		<del></del>	
171 17th Street, NW, Su	ite 2100			
	Address			
Atlanta, GA 30363				
C	ty, State and Zip Code			
isadora.harper@agg.com	ı		`	
E-mail address: (to be u	ised for future annual repoi	t notification)	<del></del>	
For further information c	oncerning this matter, pleas	se call;		
laadora Harper	¥	at ( 404	870-5	664
Name of Contac	ot Person		de and Dayti	me Telephone Number
Enclosed is a check for the	e following amount:			
© \$1,000.00 Filing Focs (\$965 Filing Fee and \$35 Registered Agent Fee)	☐ \$1,008.75 Filing Fees and Certificate of Status	CI-\$1,052.50 and Certified	~	© \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Taliabassee, FL 32301	irole	MAILING A Registration of Division of C P. O. Box 63: Tallahassee, I	Section Corporations 27	

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PAGE CT CORPORATION 2609889998 62:11 2102/21/20

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

Beurer Latin America, LP   (Name of Limited Partnership or Limited Liabilit Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	o, Limited, L.P., LP, or Ltd.		
	nip or fimited liability fimited partnership proposes to register to transact must contain acceptable suffix.		
2. Delaware	3. 6-28-12		
State or Country of Formation	Date of Formation		
4. Federal Employer Identification Number: 46-0558041	الم		
5. Name of Registered Agent for Service of Process and Fic	orida Street Address:		
C T Corporation System	`,		
1200 South Pine Island Road			
Plentstion, Florida 33324			
of all statutes relative to the proper and complete performa my position as registered agent.  CT Composition Systems:  By:	res to act in this capacity. I further agree to comply with the provision nee of my duties, and I am familiar with and accept the obligations of Marie Edwards Asst. Eccretary  Solver Of Registered Agent		
7. Principal Office:	alling Address:		
2963 Gulf to Bay Boulevard	2963 Gulf to Bay Boulevard		
Suice 310	Suite 310		
Clearwater, FL 33759	Clearwater, PL 33759		
9. If limited partnership is a limited liability limited partne	ership, check box .		
10. Name, principal office address, and malling address of	each general partner;		
RI A Management Inc	Name of General Partner:		
1963 Gulf to Bay Boulevard, Suite :	310		
Street Address:  Clearwater, FL 33759	Street Address:		
Muiling Address: 17,0000 501	Mailing Address:		
Name of General Permer	Name of General Partner		
Street Address:	Strest Address:		
Mailing Address:	Mailing Address:		

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Name of Genera	l Partner:	Page 1 of 2 Name of General Partner	<del></del>
Street Address:	***	Street Address:	
Mailing Address	¥	Mailing Address:	
11. Effective date, i (Effective date canno	f other than the date of filing:	er the date this document is filed by the Florida Department of S	State.)
12. Attached is a cer Florida Department the law of which it is	of State, by the Secretary of State or oth	not more than 90 days prior to the delivery of this application to her official having custody of the entity's records in the jurisdict	) the ion under
Signed this 29	day of June	15	
The individual signt submitted in a docum	ig this document affirm that the facts at	ture of a general partner or, Secretary of General Partner ated herein are true and the individual is aware that false inform ttes a third degree falony as provided for in s.817.155, F.S.	ation
Ce	ing Fees: rtified Copy (optional): rtificate of Status (optional):	\$1,000.00 (\$965 Filing Fcs and \$35 Registered Agent Fee) \$52.50 \$8.75	

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# Delaware

DAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BEURER LATIN AMERICA, LP" 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 SEVENTEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5125460 8300

120841767

You may verify this certificate online at corp. delaware. gov/authver.shtml

AUTHENTICATION: 9713836

DATE: 07-17-12

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