

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Ad00000549**

Please print the page number and fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000396021 3))



H200003960213ABCX

**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)617-6383

From:  
Account Name : QUARLES & BRADY OF TAMPA LLP  
Account Number : I2010000038  
Phone : (813)387-0285  
Fax Number : (813)387-1800

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

Email Address: Kimberley.Dillon@quarles.com

RECEIVED  
2020 NOV 16 PM 3:30

**FLORIDA/FOREIGN LP/LLLP  
Landings II Investments, LLLP**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 1          |
| Page Count            | XX 02      |
| Estimated Charge      | \$1,052.50 |

(((H20000396021 3)))

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

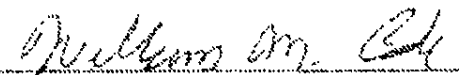
1. Landings II Investments, LLLP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited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

2. 1917 Independence Avenue  
(Street address of initial designated office)  
Melbourne, Florida 32940

3. William M. Cook  
(Name of Registered Agent for Service of Process)

4. 1917 Independence Avenue  
(Florida street address for Registered Agent)  
Melbourne, Florida 32940

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

6. 1917 Independence Avenue  
(Mailing address of initial designated office)  
Melbourne, Florida 32940

7. If limited partnership elects to be a limited liability limited partnership, check box .

(((H20000396021 3)))

