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	INC. P.O. Box 37066	236 East 6th Avenue . 1 (32315-7066) (850)	Fallahassee, Florida 32303 222-2666 or (800) 969-1666 . Fax	(850) 222-1666
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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

LSailfish Capital Partners, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.E.A.C. or LLLP.
2. 321 SE Osceola Street
(Street address of initial designated office)
Stuart, FL 34994
3 Amin C. Khoury
(Name of Registered Agent for Service of Process)
4. 321 S.E. Osceola Street
(Florida street address for Registered Agent)  Stuart, FL 34994
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
6,321 SE Osceola Street
(Mailing address of initial designated office)
Stuart, FL 34994
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each Name:	general partner: Business Address:
Sailfish Ventures, LLC	321 S.E. Osceola Street
L04000030066	Stuart, FL 34994
	ng: more than 90 days after the date the document is
filed by the Florida Department of Sta  Signed this 3rd day of	ate.)
Signature of each general partner:  Amin C. Khoury, Manager	· · · · · · · · · · · · · · · · · · ·
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2