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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-1000 : (850)558-1515 Fax Number

tter the email address for this business entity to be used for fut



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FLORIDA/FOREIGN LP/LLLP CE RESOURCE MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

S. HAWKES

Help MAY 2 1 2010.

EXAMINER

Electronic Filing Menu Corporate Filing Menu

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

1	CE RESOURCE MANAGEMENT, LTD.
(Na Accepta Accepta or LLLP	CE RESOURCE MANAGEMENT, LTD. The of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) to ble Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. The Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.E.P. The Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.E.P. The Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.E.P. The Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.E.P. The Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.E.P.
2.	3003 Tamiami Trail North, Suite 400, Naples, FL 34103
	(Street address of initial designated office)
3.	Robert D. Corina
	(Name of Registered Agent for Service of Process)
4.	3003 Tamiami Trail North, Suite 400, Naples, FL 34103
	(Florida street address for Registered Agent)
готрду «	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, familiar with and accept the obligations of my position as registered agent.
	Morrison
	Signature of Registered Agent
5	3003 Tamiami Trail North, Suite 400, Naples, FL 34103
	(Mailing address of initial designated office)
7 - ՄՈնո	nited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of Name:	each general partner: Business Address:	
Collier Enterprises, Inc.	3003 Tamiami Trail North, Suite 400	_
	Naples, FL 34103	
	To French	70
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		9: 5:
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	. 1	
	Manager M. 11. 1901 Seculated Manager Manager Manager Manager M. 1907	
9. Effective date, if other than the date of	filing:	·
(Effective date cannot he prior to r filed by the Florida Department of	nor more than 90 days after the date the document is State.)	
Signed thisday	of <u>May</u> , 2010	
Signature of each general partner:		
ROBERT D. CORNER, 85 Vic.	E PRESCREUT OF	
COLLIER ENTERPRISES, I	wc.	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	