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Florida Department of State
Division of Corporations
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Estimated Charge	\$1,052.50

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

1. SK Miami, 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.*

2. 900 Biscayne Boulevard, Suite 2802, Miami, FL 33132
(Street address of initial designated office)

3. _____
(Name of Registered Agent for Service of Process)

4. CT Corporation System
(Florida street address for Registered Agent)
1200 S. Pine Island Road, Suite 250 Plantation, FL 33324

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.

Barbara A. Burke

Signature of Registered Agent

Barbara A. Burke
Special Assistant Secretary

6. Same
(Mailing address of initial designated office)

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

