

MAR-04-2014 16:29
DIVISION OF CORPORATIONS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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
FLORIDA REGIONAL CENTER I, LP

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. FLORIDA REGIONAL CENTER I, LP

(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. 88 Pine Street 20th Floor

(Street address of initial designated office)

New York, New York 10005**3. Business Filings Incorporated**

(Name of Registered Agent for Service of Process)

4. 515 E. Park Avenue

(Florida street address for Registered Agent)

Tallahassee, Florida 32301

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.



Mark Williams, AVP, Business Filings Incorporated

Signature of Registered Agent

6. 88 Pine Street, 20th Floor

(Mailing address of initial designated office)

New York, New York, 10005

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

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2014 MAR -5 AM 10:18
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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

CANAM FL GP I, LLC

88 Pine Street, Suite 2010, New York, New York 10005

MI4-1328

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 4th day of March 2014

Signature of each general partner:

Tom Rosenfeld

Tom Rosenfeld, member signing on behalf of the CANAM FL GP I, LLC

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TOTAL P.003