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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

000174.153140

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP  
PRETZEL LOGIC I, LLLP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 1          |
| Page Count            | 04         |
| Estimated Charge      | \$1,052.50 |

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Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

8/22/2011

EXAMINER

8/22/2011 1:56 PM

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

1. PRETZEL LOGIC I, 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. Northern Trust Building, 901 Venetia Bay Blvd., Suite 350

*(Street address of initial designated office)*

Venice, FL 34285

3. Jeffrey S. Russell

*(Name of Registered Agent for Service of Process)*

4. 240 South Pineapple Ave., 9th Floor

*(Florida street address for Registered Agent)*

Sarasota, FL 34236

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. Northern Trust Building, 901 Venetia Bay Blvd., Suite 350

*(Mailing address of initial designated office)*

Venice, FL 34285

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

## 8. Name and business address of each general partner:

Name:Business Address:Pretzel Logic I USA, LLCNorthern Trust Building901 Venetia Bay Blvd., Suite 350Venice, FL 34285

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 \_\_\_\_\_ day of \_\_\_\_\_.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

See attached

## Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

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 DIVISION OF CORPORATIONS  
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IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the undersigned managing general partner of PRETZEL LOGIC I, LLLP, a Florida limited liability limited partnership, this 22nd day of August, 2011.

## WITNESSES:

## MANAGING GENERAL PARTNER

Pretzel Logic I USA, LLC

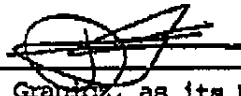
MARGARET GRALICZ

Print Name:

M. Gralicz

Print Name:

By:

  
Robert Gralicz, as its ManagerAddress: 901 Venetia Bay Blvd.  
Suite 350  
Venice, FL 34285

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