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STATE
TALLAHASSEE FLORIDA

**STATEMENT OF QUALIFICATION FOR FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: Go Robinhood, LLLP, a limited liability limited partnership

Insert partnership's Florida document number: _____
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
("Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P.", "L.L.P.", "RLLP", or "LLP")

3. The street address of its chief executive office: 13635 Deering Bay Drive, #224, Coral Gables, FL 33158
(If different from current recorded address)

4. The street address of principal office in Florida: 13635 Deering Bay Drive, #224, Coral Gables, FL 33158
(If different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Gary P. Simon, Esquire, 9100 S. Dadeland Blvd., Suite 504, Miami, FL 33156

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 28th day of June, 2007.

Go Robinhood, LLLP, a limited liability limited partnership

Signatures of ONE Partner:

By: W. James Orovitz general partner

Typed or printed name of partners signing above: W. James Orovitz

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