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Florida Department of State
Division of Corporations
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(((H06000004460 3)))

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To: Division of Corporations
Fax Number : (850)205-0393

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
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2006 JAN -6 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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06 JAN -6 PM 1:50
DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

TULARE FARM 4, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

FAX AUDIT NO.: H06000004460 3

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

FILED
2006 JAN -6 PM 1:06
OFFICE OF THE CLERK OF THE
COURT, PALM BEACH COUNTY
PALM BEACH, FLORIDA

1. TULARE FARM 4, 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. 315 EAST NEW MARKET ROAD

(Street address of initial designated office)

IMMOKALEE, FLORIDA 84142

3. MAXWELL L. PRESS

(Name of Registered Agent for Service of Process)

4. 315 EAST NEW MARKET ROAD

(Florida street address for Registered Agent)

IMMOKALEE, FLORIDA 34142

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. P.O. BOX 3088

(Mailing address of initial designated office)

IMMOKALEE, FLORIDA 34143

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

FAX AUDIT NO.: H06000004460 3

8. Name and business address of each general partner:

Name: #L06000001539
TF4-G, LLC

Business Address:
315 E. NEW MARKET RD.
IMMOKALEE, FL 34142

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TALLAHASSEE, FLORIDA

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 5 day of JANUARY, 2006

Signature of each general partner:

TF4-G, LLC, General Partner

By: Maxwell L. Press, President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75