Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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FLORIDA/FOREIGN LP/LLP

Cabi 301 Residential, LLLP

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

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03/01/06

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

1. Cabi 301 Residential, 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. 19950 W. Country Club Drive, Suite 900
(Street address of initial designated office)
Aventura, Florida 33180

3. CT Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 S. Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 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.*

Connie Bryan CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
Signature of Registered Agent

6. 19950 W. Country Club Drive, Suite 900
(Mailing address of initial designated office)
Aventura, Florida 33180

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

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8. Name and business address of each general partner:

Name:	Business Address:
Cabi 301 Residential GP, LLC	19950 W. Country Club Drive.
L06-11736	Suite 900
	Aventura, Florida 33180

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 27th day of February, 2006.

Signature of each general partner:

Cabi 301 Residential GP, LLC

By: _____

Name: Jacobo Cababie

Manager

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TALLAHASSEE, FLORIDA

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