

Florida Department of State

Division of Corporations

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Renadu

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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

1. HFI Ltd.

*(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 LLP.*

2. 2115 NE 191 DRIVE

(Street address of initial designated office)

NORTH MIAMI BEACH, FL 33179

3. LAWRENCE HURWIT

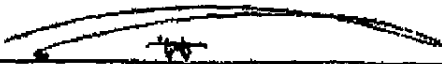
(Name of Registered Agent for Service of Process)

4. 2115 NE 191 DRIVE

(Florida street address for Registered Agent)

NORTH MIAMI BEACH, FL 33179

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. 2115 NE 191 DRIVE

(Mailing address of initial designated office)

NORTH MIAMI BEACH, FL 33179

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:

LAWRENCE HURWIT

2115 NE 191 DRIVE

NORTH MIAMI BEACH, FL 33179

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 4 day of MAY 2006

Signature of each general partner:



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