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FLORIDA/FOREIGN LP/LLP

FOREST GARDEN PARTNERS LLLP.

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

1. **FOREST GARDEN PARTNERS 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. **31601 SW 217 AVENUE**
(Street address of initial designated office)

HOMESTEAD, FLORIDA 33030

3. **ARAZOZA & FERNANDEZ-FRAGA, P.A.**
(Name of Registered Agent for Service of Process)

4. **2100 SALZEDO STREET, SUITE 300**
(Florida street address for Registered Agent)

CORAL GABLES, FL 33134

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 343455**
(Mailing address of initial designated office)

FLORIDA CITY, FLORIDA 33034

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:
Guillermo Alvarez as Trustee of the
Guillermo Alvarez Revocable Trust

Business Address:
31601 SW 217 AVENUE
HOMESTEAD, FL 33030

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 31st day of August, 2006

Signature of each general partner:

Guillermo Alvarez as Trustee of the
Guillermo Alvarez Revocable Trust

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