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

From:
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : 119980000010
Phone : (954)463-2700
Fax Number : (954)463-2224

D. Guerra

FLORIDA/FOREIGN LP/LLP

ASB CAPITAL (US), LLLP

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. ASB CAPITAL (US), 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. 1160 Hallandale Beach Boulevard, Hallandale Beach, Florida 33009

(Mailing and Street address of initial designated office)

3. Ariel Bentata, 1160 Hallandale Beach Boulevard, Hallandale Beach, Florida 33009.

(Name and Street Address of Registered Agent for Service of Process)

4. 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

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

6. Name and business address of the general partner:

Name:	Address:
ASB Management, LLC	1160 East Hallandale Beach Blvd. Hallandale Beach, Florida 33009

7. Effective date, if other than the date of filing: Upon its filing with the Florida Department of State.

Signed this ____ day of September, 2006.

Signature of the general partner:

ASB MANAGEMENT, LLC, a Florida
limited liability company

By: 
Ariel Bentata, Manager

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