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FLORIDA/FOREIGN LP/LLP

Bristlecone Capital LLLP

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Certificate of Status	
Certified Copy	1
Page Count	02
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Corporate Filing Menu

Help W06-44738

J. BEYAN OCT 1 3 2006

Florida Dept of State



October 12, 2006

FLORIDA DEPARTMENT OF STATE

BERGER SINGERMAN - FORT LAUDERDALE DIVISION of Corporations

SUBJECT: BRISTLECONE CAPITAL LLLP

REF: W06008044738

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P.O BOX 6327 - Tallahassee, Florida 32314

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP OF BRISTLECONE CAPITAL LLLP

The undersigned, in forming a Florida limited liability limited partnership under the Florida Revised Uniform Limited Partnership Act of 2005, as amended (the "Act"), Chapter 620 of the Florida Statutes, hereby adopts the following Certificate of Limited Liability Limited Partnership:

- 1. The name of the limited liability limited partnership is Bristlecone Capital LLLP (hereinafter, the "Partnership").
- 2. The mailing and principal address of the Partnership is 1320 SW 20th Street, Boca Raton, FL 33468.
- 3. The name and street address of the initial registered agent of the Partnership are BSPA Corporate Services, Inc., 350 E. Las Olas Blvd., Suite 1000, Ft. Lauderdale, FL 33301.
 - 4. The name and business address of the general partner of the Partnership are:

Bristlecone Capital Management LLC #L06000/00/87
1320 SW 20th Street
Boca Raton, FL 33468

5. The Partnership is a limited liability limited partnership.

Under penalties of perjury the undersigned has read the foregoing and know the contents thereof and that the facts herein are true and correct.

Signed this 4th day of October, 2006.

SOLE GENERAL PARTNER:

BRISTLECONE CAPITAL MANAGEMENT LLC

Steven Garellek

10/13/2006

Authorized Representative

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for Bristlecone Capital LLLP at the place designated in paragraph 3 of the Certificate of Limited Liability Limited Partnership, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 620, F.S.

BSPA CORPORATE SERVICES, INC.

By:

Name: Steven Garellet Title: Vice President

Dated: 10/9 ,200

SECRETARY OF STATE DIVISION OF CORPORATIONS

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